

**MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

Write-in candidate

**OFFICE USE ONLY**

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

**CANDIDATE OATH**

(Section 99.021, Florida Statutes)

I, Susan Khoury

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 – Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Miami Dade County Commissioner, 10 District  
(Office) (District/Group/Seat #)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

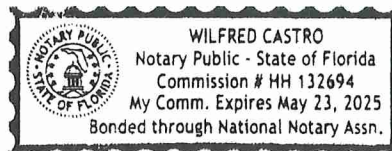
Candidate's Florida Voter Registration Number (located on your voter information card): 116609540

**Phonetic spelling for audio ballot:** Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

SUSAN CORY

<b>X</b> <u>Susan Khoury</u> Signature of Candidate	<u>(305) 469-5647</u> Telephone Number	<u>susankhoury.campaign@gmail.com</u> Email Address
<u>8225 W 82 Place</u> Address	<u>Miami</u> City	<u>FL 33143</u> State ZIP Code

STATE OF FLORIDA  
COUNTY OF Miami-Dade



Sworn to (or affirmed) and subscribed before me by physical  or online  presence this 9 day of June, 2022.

Personally Known: \_\_\_\_\_ or

Produced Identification:

Type of Identification Produced: FL DL

[Signature]  
Signature of Notary Public  
Print, Type, or Stamp Commissioned Name of Notary Public



RECEIVED  
2022 JUN -9 PM 3:23  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT

**Florida** DRIVER LICENSE

1 KHOURY  
2 SUSAN ANN  
3 8227 SW 82 PL  
4 MIAMI, FL 33143-6684  
5 DOB: 01/15/1959 15 SEX F  
6 EXP: 01/15/2023 16 HGT 5'-05"  
7 REST NONE 9a END NONE

SAFE DRIVER  
8a ISS: 12/01/2014  
8b SDC [REDACTED]  
REPLACED 10/06/2020

Operation of a motor vehicle constitutes consent to any sobriety test required by law.



OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:  
 Khoury, Susan

MAILING ADDRESS:  
 8724 Sunset Drive

#52

CITY : ZIP : COUNTY :  
 Miami 33173 Miami Dade

NAME OF AGENCY :  
 Miami Dade County

NAME OF OFFICE OR POSITION HELD OR SOUGHT :  
 Miami Dade County Commissioner District 10

CHECK IF THIS IS A FILING BY A CANDIDATE

RECEIVED  
 2022 JUN -9 PM 3:24  
 MIAMI-DADE COUNTY  
 ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2021 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of Dec 31, 2021 was \$ 124,000.00.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 10,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Settlement of case with M-D County & Officers Manning & McElhee 111 NW 1st Street Miami, FL 33128	\$45,000.00 approx
City National Bank 16975 SW 87 Avenue, Miami, FL 33123	5,000.00
FEPS (OBM) 1900 E. Street, NW Washington DC	100,000.00

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Bank of America PO Box 15019 Wilmington DE 19866-5019	\$36,000.00 approx

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	



**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2021 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2021 federal income tax return and all W2's, schedules, and attachments.  
 [If you check this box and attach a copy of your 2020 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
N/A		

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
	N/A		

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	N/A		
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

**PART F - TRAINING**

This section applies only to officers required to complete annual ethics training pursuant to section 112.3142, F.S. [See instructions p. 6]

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 9th day of

June, 2022 by Susan Knowl

(Signature of Notary Public--State of Florida) Agron N. Perry  
 Comm. # HH004224  
 Expires: June 27, 2024  
 Bonded Thru Aaron Notary

Personally Known \_\_\_\_\_ OR Produced Identification

Type of Identification Produced FLA DRIVE [REDACTED]

[Signature]  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, \_\_\_\_\_, prepared the CE Form 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

Signature

Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**





OFFICIAL RECEIPT  
MIAMI-DADE COUNTY-FLORIDA

No. 7900402

RECEIVED FROM Susan Khoury  
ADDRESS 8724 Sunset Dr Num 52  
Miami CITY FL STATE 33173 ZIP

DATE 06 / 09 / 22  
MONTH DAY YEAR  
CASH \$ \_\_\_\_\_  
CHECKS \$ 360 . 00  
TOTAL \$ 360 . 00

AMOUNT OF: Three hundred sixty DOLLARS, AND zero CENTS

FOR PAYMENT OF: Qualifying Fee County Commissioner District 10

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT  
DEPT.: elections BY: Will Castro

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

SUSAN KHOURY CAMPAIGN ACCOUNT 10001

8724 SUNSET DR NUM 52  
MIAMI, FL 33173

DATE 6/9/22

PAY TO THE ORDER OF Miami-Dade County \$ 360.00

three hundred sixty ~~xx~~ DOLLARS Security Features Details on Back.

City National Bank  
Bci FINANCIAL GROUP

Qualifying Fee Miami Dade County  
Commissioner District 10 Susan Khoury MP

RECEIVED  
2022 JUN -9 PM 3:24  
MIAMI-DADE COUNTY  
ELECTIONS DEPARTMENT