

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Farid Khavari  
**Name**  
 (2) P.O. Box 570502  
**Address (number and street)**  
Miami, FL 33257-0502  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1032291]  
 Submitted on:  
 1/5/2012 17:19:40 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 1061

(4) **Check appropriate box(es):**  
 Candidate (office sought): Mayor 2012  
 Political Committee  **CHECK IF PC HAS DISBANDED**  
 Committee of Continuous Existence  **CHECK IF CCE HAS DISBANDED**  
 Party Executive Committee  **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**  
 **Electioneering Communication**

**(5) REPORT IDENTIFIERS**

Cover Period: From 10/1/2011 To 12/31/2011 Report Type Q4-11  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ 500.00  
 Loans \$ 2,000.00  
 Total Monetary \$ 2,500.00  
 In-Kind \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ 21.45  
 Transfers to Office Account \$ 0.00  
 Total Monetary \$ 21.45

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 2,500.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 21.45

**(11) CERTIFICATION**

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete.  (Type name) _____ <input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer <b>X</b> _____ Signature	I certify that I have examined this report and it is true, correct, and complete.  (Type name) _____ <input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization) <b>X</b> _____ Signature
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Farid Khavari **(2) I.D. Number** 1061  
 10/1/2011 through 12/31/2011  
**(3) Cover Period**  / /  through  / /  **(4) Page** 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
11/2/2011 / /	khavari, FARID P O BOX 570502 MIAMI, FL 33257-0502	I	investor	LO			\$1,000.00
1							
12/27/2011 / /	KHAVARI, FARID P O BOX 570502 MIAMI, FL 33257-0502	I	investor	LO			\$1,000.00
2							
12/27/2011 / /	ARBI ENTERPRISES LLC, 5910 SW 73rd STREET MIAMI, FL 33143	B	salon & spa	CH			\$500.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Farid Khavari

(2) I.D. Number 1061

(3) Cover Period 10/1/2011 through 12/31/2011

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/8/2011 //	CITY NATIONAL BANK, 11675 SO DIXIE HWY MIAMI, FL 33156-4446	checks	MO		\$21.45
1					
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