

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Farid Khavari
 Name

(2) PO Box 570502
 Address (number and street)
Miami, FL 33257
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1132789]

Submitted on:
 11/29/2016 17:32:24 (eastern)

Check here if address has changed

(3) ID Number: 1497

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 8 / 26 / 2016 To 11 / 28 / 2016 Report Type: 16TRF

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, 2 , 931 . 30

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, 2 , 931 . 30

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, 5 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 4 , 866 . 25

(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)

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Farid Khavari (2) I.D. Number 1497

8/26/2016 through 11/28/2016

(3) Cover Period ___ / ___ / ___ through ___ / ___ / ___ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Farid Khavari

(2) I.D. Number 1497

(3) Cover Period 8/26/2016 through 11/28/2016

(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					
10/26/2016 //	KHAVARI, FARID P. O. BOX 570502 MIAMI, FL 33257	repayment of loan that i made to my campaign.	RM		\$2,931.30
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