MIAMI-DADE COUNTY	OFFICE USE ONLY	
CANDIDATE OATH -	Proof of residency provided:	
NONPARTISAN OFFICE	☑ Driver's License ☐ Utility Bill ☐ Voter Information Card ☐ Homestead Exemption Receipt	9
(Not for use by Judicial or School Board Candidates)	Property Tax Receipt Lease Agreement	
	- 22	-
	OF CANDIDATE	
Memorate work in	99.021, Florida Statutes)	
I, Daniella Levine Cava (PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE	SA 3	
	S C S C S C S C S C S C S C S C S C S C	
am a candidate for the nonpartisan office of County	(OFFICE) (DISTRICT/GROUP/SEAT #)	
I am a qualified elector of Miami-Dade County, Florid	la; I am qualified under the Constitution and the Laws of Florida	
have qualified for no other public office in the state, the	o hold the office to which I desire to be nominated or elected; I e term of which office or any part thereof runs concurrent with the	
office I seek; and I have resigned from any office fi	rom which I am required to resign pursuant to Section 99.012, the United States and the Constitution of the State of Florida.	
,		
I affirm that I am a resident of Miami-Dade County, submitting proof of my residency in the district for the	meet the minimum residency requirements for this office, and e prescribed period. Under penalties of perjury, I declare that I	
have read the foregoing Oath of Candidate and that the	ne facts stated in such are true.	
0		
X Haniella Lerme Cava (30)	5) 467-4015 daniella@votedaniella.com	
TO TO THE OWNER OF THE OWNER OF THE OWNER	1000	
Signature of Candidate Telep	hone Number Email Address	
Signature of Candidate Teleph 15360 SW 67th Ct	Palmetto Bay FL 33157	
15360 SW 67th Ct	Palmetto Bay FL 33157	
15360 SW 67th Ct Address	Palmetto Bay FL 33157 City State ZIP Code	
15360 SW 67th Ct	Palmetto Bay FL 33157 City State ZIP Code	
15360 SW 67th Ct Address Candidate's Florida Voter Registration Number (locat * Please print name phonetically on the line below as	Palmetto Bay FL 33157 City State ZIP Code	
15360 SW 67th Ct Address Candidate's Florida Voter Registration Number (locat * Please print name phonetically on the line below as disabilities (see instructions on page 2 of this form):	Palmetto Bay FL 33157 City State ZIP Code ed on your voter information card): 109213766 you wish it to be pronounced on the audio ballot for persons with	
15360 SW 67th Ct Address Candidate's Florida Voter Registration Number (locat * Please print name phonetically on the line below as	Palmetto Bay FL 33157 City State ZIP Code ed on your voter information card): 109213766 you wish it to be pronounced on the audio ballot for persons with	
15360 SW 67th Ct Address Candidate's Florida Voter Registration Number (locate * Please print name phonetically on the line below as disabilities (see instructions on page 2 of this form): D-A-N-Y-E-L-UH L-E-V-EE-N C-AH-V	Palmetto Bay FL 33157 City State ZIP Code ed on your voter information card): 109213766 you wish it to be pronounced on the audio ballot for persons with	
15360 SW 67th Ct Address Candidate's Florida Voter Registration Number (locate * Please print name phonetically on the line below as disabilities (see instructions on page 2 of this form): D-A-N-Y-E-L-UH L-E-V-EE-N C-AH-V STATE OF FLORIDA	Palmetto Bay FL 33157 City State ZIP Code ed on your voter information card): 109213766 you wish it to be pronounced on the audio ballot for persons with	
15360 SW 67th Ct Address Candidate's Florida Voter Registration Number (located to the second text of the s	Palmetto Bay FL 33157 City State ZIP Code ed on your voter information card): 109213766 you wish it to be pronounced on the audio ballot for persons with 7-UH	
15360 SW 67th Ct Address Candidate's Florida Voter Registration Number (located as disabilities (see instructions on page 2 of this form): D-A-N-Y-E-L-UH L-E-V-EE-N C-AH-V-STATE OF FLORIDA	Palmetto Bay FL 33157 City State ZIP Code ed on your voter information card): 109213766 you wish it to be pronounced on the audio ballot for persons with 7-UH	
* Please print name phonetically on the line below as disabilities (see instructions on page 2 of this form): D-A-N-Y-E-L-UH L-E-V-EE-N C-AH-V STATE OF FLORIDA COUNTY OF Miami-Dade Sworn to (or affirmed) and subscribed before me this	Palmetto Bay FL 33157 City State ZIP Code ed on your voter information card): 109213766 you wish it to be pronounced on the audio ballot for persons with 7-UH	
Table 15360 SW 67th Ct Address Candidate's Florida Voter Registration Number (located as the second as the secon	Palmetto Bay FL 33157 City State ZIP Code ed on your voter information card): 109213766 you wish it to be pronounced on the audio ballot for persons with 7-UH Signature of Notary Public	
* Please print name phonetically on the line below as disabilities (see instructions on page 2 of this form): D-A-N-Y-E-L-UH L-E-V-EE-N C-AH-V STATE OF FLORIDA COUNTY OF Miami-Dade Sworn to (or affirmed) and subscribed before me this form): Personally Known: or Produced Identification:	Palmetto Bay FL 33157 City State ZIP Code ed on your voter information card): 109213766 you wish it to be pronounced on the audio ballot for persons with 7-UH Sth day of June , 2014	
Type of Identification Produced:	Palmetto Bay FL 33157 City State ZIP Code ed on your voter information card): 109213766 you wish it to be pronounced on the audio ballot for persons with 7-UH Sth day of June , 20 14 Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public	
* Please print name phonetically on the line below as disabilities (see instructions on page 2 of this form): D-A-N-Y-E-L-UH L-E-V-EE-N C-AH-V STATE OF FLORIDA COUNTY OF Miami-Dade Sworn to (or affirmed) and subscribed before me this form): Personally Known: or Produced Identification:	Palmetto Bay FL 33157 City State ZIP Code ed on your voter information card): 109213766 you wish it to be pronounced on the audio ballot for persons with 7-UH Signature of Notary Public	

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. 2014 JUN 13 PM 4: 33

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT



FORM 6 FULL AND PUBLIC DISCL	OSURE	2013
Please print or type your name, mailing address, agency name, and position below: OF FINANCIAL INTER	EST RECEN	OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDDLE NAME: Levine Cava Daniella Sarah	2014 JUN 13 F	PM 4: 33
MAILING ADDRESS: 15360 SW 67th Court	MIAMI-DADE ELECTIONS DEF	COUNTY PARTMENT
CITY: ZIP: COUNTY: Palmetto Bay 33157 Miami-Dade		
NAME OF AGENCY: Miami-Dade County Commission, District 8		
NAME OF OFFICE OR POSITION HELD OR SOUGHT: County Commissioner		
CHECK IF THIS IS A FILING BY A CANDIDATE ✓	1	
PART A NET WORTH		
Please enter the value of your net worth as of December 31, 2013, or a more current date. [N reported liabilities from your reported assets, so please see the instructions on page 3.]	ote: Net worth is not calculate	ed by subtracting your
My net worth as of <u>December 31</u> , 20 was	\$ <u>3,023,832.62</u>	
PART B ASSETS		
HOUSEHOLD GOODS AND PERSONAL EFFECTS: Household goods and personal effects may be reported in a lump sum if their aggregate val following, if not held for investment purposes: jewelry; collections of stamps, guns, and num furnishings; clothing; other household items; and vehicles for personal use.		
The aggregate value of my household goods and personal effects (described above) is \$ $\underline{2}$	0,000.00	
ASSETS INDIVIDUALLY VALUED AT OVER \$1,000: DESCRIPTION OF ASSET (specific description is required - see instructi	ons p.4)	VALUE OF ASSET
Sabadell United Bank - Personal Interest Checking		94,571.56
Charles Schwab & Co - Investments Account		584,870.98
Charles Schwab & Co IRA Account		53,351.71
Morgan Stanley - Investments Account		214,627.71
SEE CONTINUATION SHEET FOR THESE ADDITIONAL LISTINGS		3,249,725.11
PART C LIABILITIES		The man factor of the same of
LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):		
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY
NAME AND ADDRESS OF CREDITOR		AMOUNT OF LIABILITY

Wells Fargo Bank, Des Moines, IA

Charles Schwab, San Francisco, CA

Citibank, St. Louis. MO

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

82,780.41

100,463.11

1,010,070.93

P /3	 	D		MI	۲.

You may *EITHER* (1) file a complete copy of your 2013 federal income tax return, *including* all W2's, schedules, and attachments, OR (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2013 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOM	E (See instructions on	page 5):	, you need not complete the remainde	•	
NAME OF SOURCE OF INCOME Human Services Coalition	EXCEEDING \$1,000	Miami, FL	ADDRESS OF SOURCE OF INCOM	E	AMOUNT 14,667.92
Charles Schwab & Co.		San Francisc	co. CA		32,632.56
SEE CONTINUATION SHEET FO	D THESE	ADDITIONAL			106,464.54
		L	businesses owned by reporting person	l	
NAME OF BUSINESS ENTITY	NAME OF MAJOR S OF BUSINESS' IN	OURCES	ADDRESS OF SOURCE	PRII	otions on page 5]: NCIPAL BUSINESS IVITY OF SOURCE
NAME OF BUSINESS ENTITY 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	BUSINESS ENTITY	#1	BUSINESSES [Instructions on page 12] BUSINESS ENTITY # 2 EPARATE SHEET, PLEASE CHECK	BUŞ	MESS ENTITY # 3 MANUAL DATE COUNTY # 3 PART OF THE COUNTY # 3
OA	rja	STATE COUN	e OF FLORIDA TY OF Miami - Dad	e.	
she must complete the following sta	on oath or affirmation osed on this form e, accurate, PATRICK LHERISSON Notary Public - State of F My Comm. Expires Jun 27 Commission # EE 211 FFICIAL OR CANDIDAT ensed under Chapter 47 atement:	Sworn Signat (Signat (Print, 2016 Person Type of 73, or attorney	to (or affirmed) and subscribed before 20 14 by D ture of Notary Public State of Florida) Type, or Stamp Commissioned Name	of Notary Puuced Identificar prepared	blic) ation this form for you, he or
Signature		/ S E	<u> </u>	Date	
Preparation of this form by a	CPA or attorney do	es not reliev	e the filer of the responsibility	to sign the	form under oath.

DANIELLA LEVINE CAVA FORM 6 CONTINUATION PAGE 2

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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

PART B - ASSETS

DESCRIPTION OF ASSET (specific description is required - see instructions p. 4)	VALUE OF ASSET	
Morgan Stanley - Investments Account	135,930.09	
AXA Equitable - Retirement Life Insurance Account	196,340.62	
KC Holdings II, Inc Investment	99,050.00	
Lincoln Financial Group - Life Insurance Policy	237,177.90	
John Hancock - Life Insurance Policy	1,017.50	
Residence - 860 Jeronimo Drive, Coral Gables, FL	1,043,974.00	
Residence - 15360 SW 67th Court, Palmetto Bay, FL	1,050,000.00	
Residence - 15 Spoonbill Avenue, Everglades City, FL	106,240.00	
Business Property - 4950 S Le Jeune Road #H, Coral Gables, FL	379,995.00	
SUBTOTAL	3,249,725.11	

PART D - INCOME

NAME OF SOURCE INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE INCOME	AMOUNT	
Charles Schwab & Co.	San Francisco, CA	51,391.00	
Morgan Stanley - Investments Account	New York, NY	4,603.89	
Morgan Stanley - Investments Account	New York, NY	29,341.33	
Morgan Stanley - Investments Account	New York, NY	7,231.18	
Morgan Stanley - Investments Account	New York, NY	5,000.00	
Morgan Stanley - Investments Account	New York, NY	5,402.00	
Kimco Realty Corporation/Wells Fargo Bank	St. Paul, MN	2,329.04	
Getty Realty Corp	Cranford, NJ	1,166.10	
SUBTOTAL		106,464.54	



2700 NW 87th Avenue Miami, Florida 33172 T 305-499-8683 F 305-499-8547 TTY: 305-499-8480

CERTIFICATION

Batch 1

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I, Penelope Townsley, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that <u>1,118</u> signatures submitted by <u>Daniella Levine Cava</u> for the office of County Commission—District 8 matched the signatures on the voter files.

AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 21st DAY OF
APRIL, 2014

WITNESS MY HAND

Penelope Townsley Supervisor of Elections

The American Every Day