

**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

RECEIVED
 2020 MAY 29 PM 2:47
 MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT
 5

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Eileen Higgins

(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
 (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.

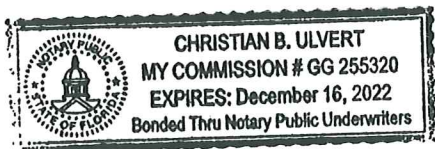
I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated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

Candidate's Florida Voter Registration Number (located on your voter information card): 115053834

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.]
I-Lean Hig-ins

<input checked="" type="checkbox"/> <u>Eileen Higgins</u>	() 305-333-5399	eileen@eileenhiggins.com	
Signature of Candidate	Telephone Number	Email Address	
253 NE 2nd St. Unit 3909	Miami	FL	33132
Address	City	State	ZIP Code

STATE OF FLORIDA
 COUNTY OF Miami-Dade



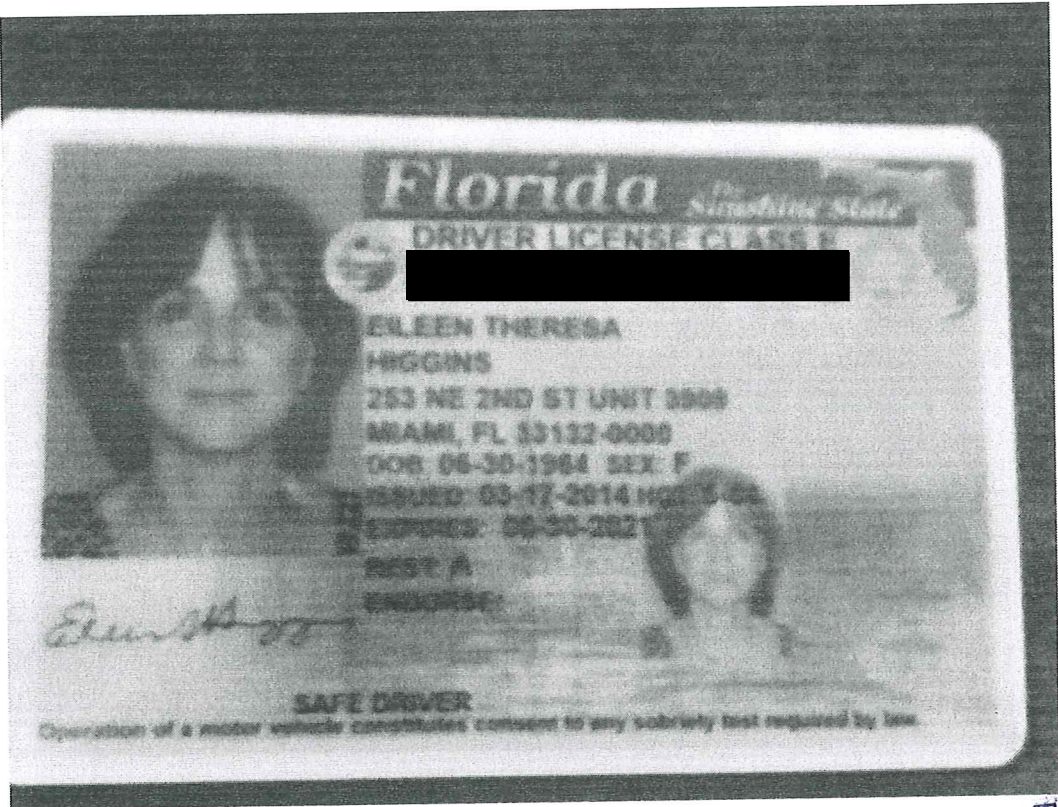
Sworn to (or affirmed) and subscribed before me by physical or online presence this 26th day of May, 2020.

Personally Known: or

Produced Identification:

Christian Ulvert
 Signature of Notary Public
 Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: _____



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ELECTIONS DEPARTMENT



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 7900468

RECEIVED FROM Eileen Higgins

DATE 05, 29, 20
MONTH DAY YEAR

ADDRESS 2929 SW 3rd Avenue

CASH \$ _____

Miami CITY STREET ADDRESS FL 33129 STATE ZIP

CHECKS \$ 360 00

AMOUNT OF: Three hundred sixty DOLLARS, AND zero CENTS

TOTAL \$ 360 00

FOR PAYMENT OF: Qualifying Fee County Commissioner District 5

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

EILEEN HIGGINS ELECTION COMMITTEE
CAMPAIGN ACCOUNT
2929 SW 3RD AVENUE, STE 220
MIAMI, FL 33129

1026

DATE 5/26/2020

PAY TO THE ORDER OF Miami-Dade County \$ 360⁰⁰

Three hundred sixty only DOLLARS



ACH R/T 063100277

FOR Qualifying Fee - County Commissioner District 5 M. K. C.

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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Photo Safe Deposit Data on back

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

OF FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
 Higgins Eileen Theresa

MAILING ADDRESS:
 253 NE 2nd Street #3909

CITY: Miami ZIP: 33132 COUNTY: Miami-Dade

NAME OF AGENCY:
 Miami-Dade County 1

NAME OF OFFICE OR POSITION HELD OR SOUGHT:
 County Commissioner District 5

CHECK IF THIS IS A FILING BY A CANDIDATE

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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2019 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 December 31, 20 19 was \$ \$2,538,889.

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 \$ \$150,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Details of assets > \$1,000 are in attachment, total is	\$2,418,515.89
Assets less than \$1,000	\$2,157.70

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Car Loan - Chase <i>Chase Auto P.O. Box 901076 Ft Worth TX 76107</i>	\$24,186.03
American Express <i>P.O. Box 650448 Dallas TX 75265</i>	\$6,098.48
Mastercard <i>P.O. Box 8807 Wilmington DE 19899</i>	\$500.53

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 2019 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 2019 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2019 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	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			

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 REGISTRATIONS DEPARTMENT

PART F - TRAINING

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

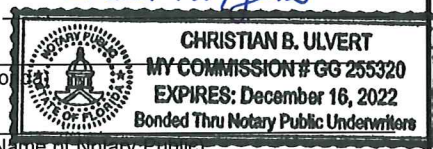
I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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 29 day of

May, 2020 by Eileen Higgins
Christian Ulvert
 (Signature of Notary Public--State of Florida)
Christian Ulvert
 (Print, Type, or Stamp Commissioned Name of Notary Public)



Eileen Higgins
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification _____
 Type of Identification Produced _____

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