

MIAMI-DADE COUNTY  
CANDIDATE OATH –  
NONPARTISAN OFFICE

OFFICE USE ONLY

(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

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, Daniella Levine Cava

(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 Mayor  
(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): 109213766

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.]

dan-yel-uh lub-veen kah-vah

X Daniella Levine Cava ( [REDACTED] ) daniella@daniella.vote

Signature of Candidate

Telephone Number

Email Address

[REDACTED]

Palmetto Bay

FL

33157

Address

City

State

ZIP Code

STATE OF FLORIDA

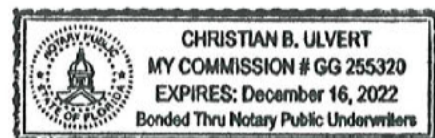
COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by physical ☒ or  
online ☐ presence this 27 day of May, 2020.

Personally Known: ☒ or

Produced Identification: ☐

Type of Identification Produced: \_\_\_\_\_



Christian B. Ulvert  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

**Florida** The Sunshine State  
**DRIVER LICENSE CLASS E**

**DANIELLA SARAH**  
**LEVINE CAVA**

PALMETTO BAY, FL 33157-0000  
 DOB: 09-14-1955 SEX: F  
 ISSUED: 06-23-2012 HGT: 5-01  
 EXPIRES: 09-14-2020  
 REST: A  
 ENDORSE:  
 REPLACED: 09-17-2015

**ORGAN DONOR**

**SAFE DRIVER**

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

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RESTRICTIONS: A-Corrective Lenses

ENDORSEMENTS:

CLASS: E - Any non-commercial vehicle with a GVWR less than 26,001 lbs. or any RV

REPLACEMENT LICENSE REQUIRED WITHIN 10 DAYS OF ADDRESS OR NAME CHANGE  
 The State of Florida retains all property rights herein.



Terry L. Rhodes  
 Executive Director  
 Clayton Boyd-Malden  
 Director of Motorist Services  
 V021509170022  
 Rev Date 06-01-14

www.flhsmv.gov



490025010814213

## FORM 6

FULL AND PUBLIC DISCLOSURE  
OF FINANCIAL INTERESTS

2019

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:  
LEVINE CAVA DANIELLAMAILING ADDRESS:  
[REDACTED]

CITY: PALMETTO BAY ZIP: 33157 COUNTY: MIAMI- DADE

NAME OF AGENCY:  
MIAMI-DADE COUNTY

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Mayor

CHECK IF THIS IS A FILING BY A CANDIDATE ☒RECEIVED  
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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 \$ 6,268,205

## 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 \$ 25,000

## ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
IBERIA BANK - INTEREST CHECKING ACCOUNT	78,247
CHARLES SCHWAB & CO - INVESTMENT (SEE ATTACHED STATEMENT)	1,487,569
CHARLES SCHWAB & CO - IRA (SEE ATTACHED STATEMENT)	71,197
SEE ATTACHMENT TO PART B	5,122,345

## PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
BISCAYNE BANK	519,053
3750 NW 87 <sup>th</sup> Avenue	
Unit 150	
Doral, FL 33178	

## 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
MIAMI-DADE COUNTY	111 NW 1ST STREET, MIAMI FL 33128	40,012
SEE ATTACHEMENT TO PART D		408,175

#### 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
See attachment to part D			

### 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			

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### 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 27 day of

May, 2020

by

Patricia Arosemena  
(Signature of Notary Public--State of Florida)

Notary Public State of Florida  
Patricia Arosemena  
My Commission GG 089644  
Expires 07/20/2021

Patricia Arosemena

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒

OR

Produced Identification ☐

Type of Identification Produced

ID

Daniella Lennie Cava

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, Daniella Lennie Cava, 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.

Daniella Lennie Cava

Signature

Date

May 28, 2020

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 ☒

**DANIELLA LEVINE CAVA**  
**FORM 6**  
**CONTINUATION PAGE 2**  
**12/31/2019**

**PART B - ASSETS**

DESCRIPTION OF ASSET (specific description is required - see instructions p. 4)	VALUE OF ASSET
Morgan Stanley - Investments Account #6523 (see attached statement)	288,793
Morgan Stanley - Investments Account #5666 (see attached statement)	261,997
AXA Equitable - Retirement Life Insurance Account (see attached statement)	340,890
Lincoln Financial Group - Life Insurance Policy (see attached statement)	372,596
Lockheed Martin Corporation - common shares	7,838
Getty Realty Corp. - common shares	38,291
Kimco Realty Corporation - common shares	90,536
Florida Division of Retirement	144,433
Residence - 860 Jeronimo Drive, Coral Gables, FL	2,022,253
Residence - [REDACTED] Palmetto Bay, FL	477,183
Business Property - 4950 S Le Jeune Road #H, Coral Gables, FL	418,770
Investment in LLCs	658,765
<b>SUBTOTAL</b>	<b>5,122,345</b>

See next page

**PART D - INCOME**

NAME OF SOURCE INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE INCOME	AMOUNT
Charles Schwab & Co. #2174-7029	San Francisco, CA	59,746
Morgan Stanley - Investment Account #5666 (interest, dividends, capital gains)	New York, NY	11,806
Morgan Stanley - Investments Account #6523 (interest, dividends, capital gains)	New York, NY	8,041
Kimco Realty Corporation - common shares (dividends)	St. Paul, MN	4,882
Getty Realty Corp. - common shares (dividends)	Cranford, NJ	1,663
[REDACTED] Palmetto Bay, FL (Tenant: Miami Medical Consultants, P.A.)	Miami, FL	45,000
6400 LLC	Miami, FL	10,256
Ipanema El Portal LLC	El Portal, FL	7,592
Ipanema Green Bay LLC	Green Bay, WI	26,453
Ipanema Madison LLC	Waunakee, WI	20,016
Ipanema Shore Crest LLC	Miami, FL	2,763
Ipanema Smokey Park LLC	Candler, NC	208,390
Ipanema Tamiami LLC	Miami, FL	1,567
<b>SUBTOTAL</b>		<b>408,175</b>

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**DANIELLA LEVINE CAVA**  
**RENTAL PROPERTIES OWNED VIA LLCs**  
**FOR TAX YEAR ENDING DECEMBER 31, 2019**

Property Address	Company Name	Partner Name	Ownership Percentage	Value
6400 Biscayne Blvd, Miami, FL 33138	6400 LLC	Robert and Daniella Cava	11.11%	\$ 38,632
150 NE 86th Street, El Portal, FL 33138	IPANEMA EL PORTAL LLC	Robert and Daniella Cava	33.33%	\$ 15,581
718 NE 87th Street, Miami, FL 33138	IPANEMA SHORE CREST LLC	Robert and Daniella Cava	22.22%	\$ 1,514
511 Smokey Park Highway, Candler, NC 28715	IPANEMA SMOKEY PARK, LLC	Robert and Daniella Cava	20.00%	\$ 203,641
12817 SW 134th Ct, Unit #9, Miami, FL 33186	IPANEMA TAMIAMI LLC	Robert and Daniella Cava	4.44%	\$ 1,219
655 83 ST, Unit #55, Miami Beach, FL 33141	IPANEMA WINDS LLC	Robert and Daniella Cava	4.44%	\$ 1,423
1400 NW 23 Street, Miami, FL 33142	CCC WAREHOUSE LLC	Robert and Daniella Cava	4.86%	\$ 36,424
1256 SW 15 Street, Miami, FL 33145	IPANEMA 1256 LLC	Robert and Daniella Cava	3.76%	\$ 5,736
12870 NE Miami CT, North Miami, FL 33161	IPANEMA 12870 LLC	Robert and Daniella Cava	4.44%	\$ 1,691
2030 E Mason St, Green Bay, WI 54302	IPANEMA GREEN BAY LLC	Robert and Daniella Cava	31.00%	\$ 175,720
240 N Century Ave, Waunakee, WI 53597	IPANEMA MADISON LLC	Robert and Daniella Cava	31.00%	\$ 158,796
3027 Centennial Blvd Claremont, NC 28610	IPANEMA CLAREMONT, LLC	Robert and Daniella Cava	1.60%	\$ 6,923
3035 Centennial Blvd Claremont, NC 28610	IPANEMA CLAREMONT, LLC	Robert and Daniella Cava	1.60%	\$ 11,466
Total:				\$ 658,765

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**DANIELLA LEVINE CAVA**  
**PART D - SECONDARY SOURCES OF INCOME**  
**FOR TAX YEAR ENDING DECEMBER 31, 2019**

Name of Business Entity	Name of Major Sources of Business Income	Address of Source	Principal Business Activity of Source
6400 LLC	La Comunidad Corporation	6400 Biscayne Blvd, Miami, FL 33138	Tenant
IPANEMA EL PORTAL LLC	Bea Gebhardt	150 NE 86th St El Portal, FL 33138	Tenant
IPANEMA GREEN BAY LLC	El Sarape	2030 E Mason St Green Bay, WI 54302	Tenant
IPANEMA MADISON LLC	Doughboy's Italian Restaurant LLC	240 N Century Ave Waunakee, WI 53597	Tenant
IPANEMA SHORE CREST LLC	Joseph J. Luria	716 NE 87th St, Miami, FL 33138	Tenant
IPANEMA SMOKEY PARK, LLC	BI-LO LLC	511 Smokey Park Highway Candler, NC 28715	Tenant
IPANEMA TAMIAMI LLC	Revival Athletic Academy LLC	12817 SW 134th Ct Miami, FL 33186	Tenant

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The Lincoln National Life Insurance Company  
One Granite Place  
P.O. Box 515  
Concord, NH 03302-0515

Phone #: 800-487-1485  
Fax #: 800-819-1987

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Issuing Company:  
Lincoln National Life Insurance Company

## Quarterly Policy Summary

DADE COUNTY  
ELECTIONS DEPARTMENT

### Addressee:

The Cava / Levine Family Insurance Trust  
Anita A Cava Ttee  
[REDACTED]  
Palmetto Bay, FL 33157-2640

000000  
001209 LFPQMD1

Policy Number: 4813061

4th Quarter 2019

### POLICY SPECIFICATIONS

Insured: Robert Cava  
Daniella Cava  
Current Specified Amount: \$6,507,338.00  
Policy Status: Active  
State Of Residence: Florida  
Plan Name: Lincoln SVUL-II  
Planned Premium: \$20,000.00

Date Of Birth: November 19, 1955 Sex: Male Issue Age: 45  
September 14, 1955 Sex: Female  
Issue Date: June 28, 2000  
Maturity Date: June 28, 2055  
Issue State: Florida  
Product Name: Flexible Premium Variable Life Insurance  
Planned Frequency: Annual

### SUMMARY OF INSURANCE BENEFITS

As Of December 31, 2019

Death Benefit: Option 1 \$6,507,338.00  
Accumulation Value \$372,595.86  
Surrender Charge \$0.00  
Cash Value \$372,595.86  
Surrender Value \$372,595.86

### QUARTERLY ACCOUNT SUMMARY

As Of December 31, 2019

Beginning Accumulation Value \$345,153.46  
Gross Payments \$0.00  
Quarterly Cost of Insurance -\$265.12  
Quarterly Expense Charges -\$30.00  
Gain/Loss \$27,737.52  
Ending Accumulation Value \$372,595.86

### POLICY VALUES

	Beginning Value September 30, 2019	Ending Value December 31, 2019
Death Benefit	\$6,507,338.00	\$6,507,338.00
Accumulation Value	\$345,153.46	\$372,595.86
Surrender Charge	\$0.00	\$0.00
Cash Value	\$345,153.46	\$372,595.86
Surrender Value	\$345,153.46	\$372,595.86

**CAUTION:** Premiums received by Lincoln after the anniversary date of this statement period are not recorded on this statement and any projections provided do not account for such payments. If you have concerns regarding the performance of the policy, please contact our Customer Care Center to request a current illustration.

Actual values provided are as of the last business day of the quarter



Need help reading this statement?  
Visit [www.schwab.com/CompactStatement](http://www.schwab.com/CompactStatement) for more information.

**Your Independent\* Investment Advisor**

MARINER WEALTH ADVISORS  
5700 W 112TH ST STE 500  
OVERLAND PARK KS 66211

(913)647-9700

While this report is provided by Schwab, except as noted, your Investment Manager and/or advisor is independently owned and operated and is not an affiliate of Schwab. For questions about this document or to update your financial situation, please contact your Investment Manager and/or Advisor.

**Account Of**

DANIELLA LEVINE CAVA  
DESIGNATED BENE PLAN/TOD

PALMETTO BAY FL 33157-2640

**Mail To**

DANIELLA LEVINE CAVA  
CHARLES SCHWAB & CO INC CUST  
IRA CONTRIBUTORY

PALMETTO BAY FL 33157-2640

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**Account Value Summary**

Cash & Sweep Money Market Funds	\$ 0.00
Total Investments Long	\$ 1,821,802.01
Total Investments Short	\$ 0.00
Net Loan Balance	\$ (334,232.88)
<b>Total Account Value</b>	<b>\$ 1,487,569.13</b>

**Change in Account Value**

Starting Account Value	\$ 1,446,041.13
Transactions & Income	\$ 33,873.25
Income Reinvested	\$ (33,988.97)
Change in Value of Investments	\$ 41,643.72
<b>Ending Account Value</b>	<b>\$ 1,487,569.13</b>

**Total Funds Available: Cash + Margin**

Available to Withdraw	\$ 522,658.00
Securities Buying Power	\$ 1,045,316.00
Margin Loan Rate as of 12/29	4.50%

Please see "Endnotes For Your Account" section for an explanation of the endnote codes and symbols on this statement.

SIPC has taken the position that it will not cover the balances held in your deposit accounts maintained under programs like our Bank Sweep feature. Please see your Cash Feature Disclosure Statement for more information on insurance coverage.  
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1231-67033-CSCA1201-063454 \*1-3

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P.O. Box 4956  
Syracuse, NY 13221-4956



19886  
MRS DANIELLA S LEVINE

MIAMI FL 33157-2640

## EQUI-VEST® Variable Annuity Series

### Quarterly Portfolio Review

For the period October 01, 2019 - December 31, 2019

► **Contract Number: 201929467**

For Assistance Contact:

#### Your Financial Professional

STEVEN LEAHING, CFP  
AXA Advisors, LLC  
9130 S. DADELAND BLVD.  
SUITE 1400  
MIAMI FL 33156  
(305) 670-4400  
steven.leahing@axa-advisors.com

Remember to email responsibly. Do not include any account specific or personal information.

#### AXA Equitable Life Insurance Company

Customer Service Representative: 800-628-6673

Monday-Thursday 8:00a-7:00p ET & Friday 8:00a-5:00p ET

Automated Telephone (TOPS): 800-755-7777

axa.com For account balances, loan payments, forms and more.



**Dalbar Annuity Service Award Winner for 2017**

## Account At A Glance

Contract Number\*: 201929467

Contract Type: Tax Sheltered Annuity - 501(c)(3)

Series: 200

Owner: MRS DANIELLA S LEVINE

Annuitant: MRS DANIELLA S LEVINE

Death Benefit: **\$340,890.15**

Current Beneficiary:

ROBERT CAVA

To update your beneficiary information, visit [axa.com/equivestforms](http://axa.com/equivestforms) anytime to download a Beneficiary Change form or contact Customer Service for assistance.

	This Quarter October 01, 2019 - December 31, 2019	Year to Date	Since Purchase
Beginning Account Value	\$314,919.51	\$265,244.88	
Contributions and Additions	\$0.00	\$0.00	\$132,194.35
Withdrawals	\$0.00	\$0.00	\$0.00
Fees and Expenses	\$0.00	\$0.00	
Net Investment Portfolio Results	\$25,970.64	\$75,645.27	

**Total Account Value** **\$340,890.15** **\$340,890.15**

The account value shown on this statement may not reflect your most recent contribution. These will be confirmed on your next report.

\* Contract opened on May 10, 2001.



\*00663755-019886-002-001-00000000-0\*

## Current Asset Allocation

⚠ Diversifying across asset classes may help reduce risk. Contact your Financial Professional for more information.

#### Asset Class Allocation

Large Cap	100.00%
<b>Total</b>	<b>100.00%</b>



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