

**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

CANDIDATE OATH

(Section 99.021, Florida Statutes)

I, Danielle Cohen 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, 8
(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): 109838231

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.]

Danielle Cohen Higgins

X

Signature of Candidate

Telephone Number

dch@daniellecohenhiggins.com

Email Address

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 24 day of May, 2022.

Personally Known: ☒ or

Produced Identification: ☐

Type of Identification Produced: _____



Paola G. Lopez
Commission # GG302289
Expires: February 14, 2023
Bonded Thru Aaron Notary

Paola Lopez
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Florida **DRIVER LICENSE**  **9 CLASS E**

 

4a DOB **08/03/1981** 15 SEX **F** **SAFE DRIVER**
4b EXP **08/03/2025** 16 HGT **5'-08"**
12 REST **A** 9a END **NONE**

4a ISS **08/03/2017**
505 **[REDACTED]**
REPLACED **12/12/2018**
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

2021 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/24/2022

General Information

Name: Mrs Danielle Cohen Higgins
Address: [REDACTED] PALMETTO BAY, FL 33157-6121
County: Miami Dade County

AGENCY INFORMATION

Organization	Suborganization	Title
Miami-Dade County	Elected Constitutional Officer	County Commissioner
Miami-Dade Transportation Planning Organization (TPO)	Governing Board	TPO Board Member
The Children's Trust	Board of Supervisors	MD County Commissioners Appointee

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commissioner	Miami Dade County	Miami Dade County Commissioner, District 8

Net Worth

My Net Worth as of December 31, 2021 was \$ 1,832,800.00.

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2021 Form 6 - Full and Public Disclosure of Financial Interests

Filed with COE: 05/24/2022

Assets

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 effect is \$ 25,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Real Property- [REDACTED] Palmetto Bay, FL 33157	\$ 1,325,000.00
Real Properties (6)- St. Louis, MO	\$ 733,000.00
Stocks/Bank Account (Morgan Stanley, ETrade, Robinhood, Coinbase)	\$ 550,000.00
Bank Personal Account (Wells Fargo)	\$ 30,000.00
Cohen Law (Law Firm; Own 100%; Value Estimate)	\$ 300,000.00

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Flagstar Bank	5151 Corporate Drive Troy, MI 48098	\$ 490,000.00
Ocean Bank	780 N.W. 42nd Ave. Miami, FL 33126	\$ 100,000.00
NELNET LOAN SERVICES INC	P.O. Box 82561 Lincoln, NE 68501-2561	\$ 38,000.00
American Express	P.O. BOX 981537 EL PASO, TX 79998	\$ 5,200.00
GM Financial	PO BOX 181145 ARLINGTON, TX 76096	\$ 30,000.00
Midwest BankCentre	2191 Lemay Ferry Road St. Louis, MO 63125	\$ 467,000.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Income

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Cohen Law	2332 Galiano Street Coral Gables, FL 33134	\$ 310,000.00
Miami Dade County	111 NW 1st Street Miami, FL 33128	\$ 51,000.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Business Entity	Major Sources of Business Income	Address	Principal Business Activity of Source
N/A			

Interests in Specified Businesses**Business Entity # 1**

N/A

Training

- ☒ I certify that I have completed the required training under Section 112.3142, F.S.
- ☐ Required training under Section 112.3142, F.S., not applicable to filer for this form year.

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Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Danielle Cohen Higgins

Digitally signed: 05/24/2022

Filed with COE: 05/24/2022

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ELECTIONS DEPARTMENT

