

RESET

**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(Although a Write-in candidate's name is not printed on the ballot,
the name must be printed below for oath purposes.)

OFFICE USE ONLY

PRINT

Proof of residency provided:

☒ Driver's License☐ Utility Bill☐ Voter Information Card☐ Homestead Exemption Receipt☐ Property Tax Receipt☐ Lease Agreement**Candidate Oath**Name to appear on ballot: Eileen Higgins

(Print name above as you wish it to appear on the ballot – Name cannot be changed after qualifying.)

• Check box if two last names without hyphen ☐• Check box if name includes nickname ☐

(For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the nonpartisan office of Miami-Dade County Commissioner5

(Office)

(District/Area/Subarea #)

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.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do ☐NO, I Do Not ☒

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X Eileen Higgins

Signature of Candidate

Telephone Number

eileen@eileenhiggins.com

Email Address

Miami

FL

33132

Address

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-DadeSworn to (or affirmed) and subscribed before me by physical ☒ or
online ☐ presence this 20 day of May, 2024.Personally Known: ☒ orProduced Identification: ☐

Type of Identification Produced: _____

Christian B. Ulvert
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



Florida DRIVER LICENSE

CLASS E

HIGGINS
EILEEN THERESA

MIAMI, FL 33132

DOB: 06/30/1964 SEX: F

EXP: 06/30/2029 HGT: 5'-04"

REST: A END: NONE

SAFE DRIVER

ISS: 04/06/2021

500

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

RECEIVED

2024 MAY 20 AM 9:40

MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

Ashley Lukis
Chair
Michelle Anchors
Vice Chair
William P. Cervone
Tina Descovich
Freddie Figgers
Luis M. Fusté
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Jim Waldman



State of Florida
COMMISSION ON ETHICS
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Tallahassee, Florida 32317-5709

Kerrie J. Stillman
Executive Director

Steven J. Zuilkowski
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General Counsel

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Building E, Suite 200
Tallahassee, Florida 32303

"A Public Office is a Public Trust"

**VERIFICATION AND RECEIPT OF SUBMISSION
TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Eileen Theresa Higgins
Filer PID #: 276551

Date Filed: 5/5/2024
Disclosure Received: 2023 Full and Public Disclosure of Financial Interests
Filing ID: 947694

Receipt Print Date: 5/5/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

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ELECTIONS DEPARTMENT

