

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Daniella Levine Cava  
 Name  
 (2) 2929 SW 3rd Ave; Suite 220  
 Address (number and street)  
Miami, Fl 33129  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1172392]  
 Submitted on:  
 9/12/2018 14:23:54 (eastern)

Check here if address has changed

(3) ID Number: 2010

(4) Check appropriate box(es):

- Candidate Office Sought: County Commission District 08
- Political Committee (PC)
- Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded
- Party Executive Committee (PTY)  Check here if PTY has disbanded
- Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 8 / 4 / 2018 To 8 / 10 / 2018 Report Type: 18P6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$        ,        , 0 . 00

Loans \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

In-Kind \$        ,        , 0 . 00

### (7) Expenditures This Report

Monetary Expenditures \$        ,        , 0 . 00

Transfers to Office Account \$        ,        , 0 . 00

Total Monetary \$        ,        , 0 . 00

### (8) Other Distributions

\$        ,        , 0 . 00

### (9) TOTAL Monetary Contributions To Date

\$        , 528 , 174 . 54

### (10) TOTAL Monetary Expenditures To Date

\$        , 481 , 090 . 42

### (11) Certification

**It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)**

I certify that I have examined this report and it is true, correct, and complete:

(Type name) \_\_\_\_\_  
 Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X \_\_\_\_\_  
 Signature

(Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC and PTY)

X \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Daniella Levine Cava (2) I.D. Number 2010

8/4/2018 8/10/2018

(3) Cover Period      /      /      through      /      /      (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
8/6/2018 / /	Homestead Community Pharmacy, 925 Northeast 30th Terrace Homestead, Fl 33033	B	owner	CH		Delete	\$500.00
1							
8/6/2018 / /	Homestead Community Pharmacy, 925 Northeast 30th Terrace Homestead, Fl 33033	B	contempora ry pharmacy	CH		Add	\$500.00
2							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Daniella Levine Cava

(2) I.D. Number 2010

(3) Cover Period 8/4/2018 through 8/10/2018

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					