

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Danielle Cohen Higgins  
 Name  
 (2) 2030 South Douglas Road; Suite 202  
 Address (number and street)  
Coral Gables, FL 33134  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1192019]  
 Submitted on:  
 9/10/2019 16:09:16 (eastern)

Check here if address has changed (3) ID Number: 2246

(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 5 / 1 / 2019 To 5 / 31 / 2019 Report Type: 19M05  
 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 \$        ,        , 73 . 28  
 Transfers to Office Account \$        ,        , 0 . 00  
 Total Monetary \$        ,        , 73 . 28

**(8) Other Distributions**  
 \$        ,        , 0 . 00

**(9) TOTAL Monetary Contributions To Date**  
 \$        , 78 , 715 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$        , 26 , 142 . 39

### (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 Danielle Cohen Higgins (2) I.D. Number 2246

5/1/2019 through 5/31/2019

(3) Cover Period \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ through \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (4) Page 1 of 0

(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
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Danielle Cohen Higgins

(2) I.D. Number 2246

(3) Cover Period 5/1/2019 through 5/31/2019

(4) Page 1 of 1

(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					
5/31/2019 / /	Bank of America , 9101 S Dixie Hwy Miami, FL 33156	check order	MO	Add	\$73.28
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