

FORM 6**FULL AND PUBLIC DISCLOSURE
OF FINANCIAL INTERESTS****2014**Please print or type your name, mailing
address, agency name, and position below:

FOR OFFICE USE ONLY:

257501
FLORIDA

COMMISSION ON ETHICS

JUL 01 2015

RECEIVED

PROCESSED

LAST NAME — FIRST NAME — MIDDLE NAME:

LEVINE CAVA, DANIELLA

MAILING ADDRESS:

15360 SW 67TH COURT

CITY :

ZIP :

COUNTY :

PALMETTO BAY

33157

MIAMI-DADE

NAME OF AGENCY :

MIAMI-DADE COUNTY, DISTRICT 8

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

COUNTY COMMISSIONER

CHECK IF THIS IS A FILING BY A CANDIDATE ☐**PART A -- NET WORTH**Please enter the value of your net worth as of December 31, 2014. [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, 2014 was \$ 4,632,121.**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 \$ 20,000**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
SABADELL UNITED BANK - INTEREST CHECKING ACCOUNT	7,081
CHARLES SCHWAB & CO - INVESTMENT ACCOUNT	1,003,387
CHARLES SCHWAB & CO - IRA	54,668
SEE ATTACHMENT FOR PART B	3,856,145

PART C -- LIABILITIES**LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):**

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
CHARLES SCHWAB & CO, SAN FRANCISCO, CA	48,746

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
WELLS FARGO, DES MOINES, IA	38,845
CITIBANK, DES MOINES, IA	207,569

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2014 federal income tax return, including all W2's, schedules, and attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

- ☐ I elect to file a copy of my 2014 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2014 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	MIAMI, FL	2,431
SEE ATTACHMENT TO PART D		153,030

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			RENTAL

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			

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 this 30 day of

June, 20 15 by Daniella Levine Cava

(Signature of Notary Public--State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)
MARGARET A. ROBINSON
MY COMMISSION # FF 12668:
EXPIRES: August 9, 2018
Bonded thru Notary Public Underwrite:

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

Daniella Levine 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, _____, 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.

Signature _____

Date _____

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
12/31/2014

PART B - ASSETS

DESCRIPTION OF ASSET (specific description is required - see instructions p. 4)	VALUE OF ASSET
Morgan Stanley - Consolidated Investments Account	267,437.17
AXA Equitable - Retirement Life Insurance Account	220,078.68
Lincoln Financial Group - Life Insurance Policy	250,560.04
John Hancock - Life Insurance Policy	1,017.50
Residence - 860 Jeronimo Drive, Coral Gables, FL	1,361,097.00
Residence - 15360 SW 67th Court, Palmetto Bay, FL	757,938.00
Residence - 15 Spoonbill Avenue, Everglades City, FL	106,240.00
Investment Properties with share of 5% and more	519,537.00
Business Property - 4950 S Le Jeune Road #H, Coral Gables, FL	372,240.00
SUBTOTAL	3,856,145.39

PART D - INCOME

NAME OF SOURCE INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE INCOME	AMOUNT
Charles Schwab & Co.	San Francisco, CA	51,391.00
Morgan Stanley - Investments Account - Consolidated Account	New York, NY	6,005.56
Morgan Stanley - Investments Account	New York, NY	29,341.33
Morgan Stanley - Investments Account	New York, NY	7,231.18
Morgan Stanley - Investments Account	New York, NY	5,000.00
Morgan Stanley - Investments Account	New York, NY	5,402.00
Kimco Realty Corporation/Wells Fargo Bank	St. Paul, MN	2,493.16
860 Jeronimo - Rental Property	Coral Gables, FL	45,000.00
Getty Realty Corp	Cranford, NJ	1,166.10
SUBTOTAL		153,030.33

ROBERT AND DANIELLA-LEVINE-CAVA
RENTAL PROPERTIES OWNED VIA LLCs WITH MORE THAN 5% SHARE IN THEM
FOR TAX YEAR ENDING DECEMBER 31, 2014

Property Address	Company Name	Partner Name	Ownership Percentage	Tax Assessment Value
6400 Biscayne Blvd	6400 LLC	Robert and Daniella Cava	11.11%	\$ 163,018.00
150 NE 86th Street	IPANEMA EL PORTAL LLC	Robert and Daniella Cava	33.33%	\$ 49,165.00
9156 Collins Avenue # 202	IPANEMA OCEAN 91 LLC	Robert and Daniella Cava	22.22%	\$ 31,019.00
521 NE 68th Street	IPANEMA MORNINGSIDE LLC	Robert and Daniella Cava	22.22%	\$ 31,956.00
5984 SW 42nd Terrace	IPANEMA REDBIRD LLC	Robert and Daniella Cava	35.00%	\$ 101,902.00
718 NE 87th Street	IPANEMA SHORE CREST LLC	Robert and Daniella Cava	22.22%	\$ 37,136.00
2563 Lincoln Avenue	IPANEMA SURFING INC	Robert and Daniella Cava	27.21%	\$ 105,341.00
Total:				\$ 519,537.00

INSTRUCTIONS FOR COMPLETING AND FILING FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

WHAT TO FILE

File only the first sheet (pages 1 and 2).
Facsimiles will not be accepted. A candidate who has filed Form 6 for 2014 with the Commission, prior to qualifying, may file a copy of that Form 6 at the time of qualifying.

WHERE TO FILE

Officeholders: Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303;

Candidates: The officer before whom they qualify. If a Form 6 is filed with a qualifying officer, it need not also be filed with the Commission.

WHEN TO FILE

Officeholders: No later than July 1, 2015.

Candidates: During the qualifying period.