

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**  
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

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**MIAMI-DADE  
ELECTIONS**

OFFICE USE ONLY

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate (in this order: First, Middle, Last)**

Wilbur B. Bell

**3. Address (include post office box or street, city, state, zip code)**

18271 S. W. 109th Ave.  
Perrine, Fla. 33157

**4. Telephone**

(786) 210 8801

**5. E-mail address**

Wilburbell@comcast.net

**6. Office sought (include district, circuit, group number)**

mayor

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a**

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Charles L. Jones

**11. Mailing Address**

9900 S. W. 168 St. Perrine, Fla 33157

**12. Telephone**

(305) 251-6820

**13. City**

Perrine

**14. County**

Dade

**15. State**

Fla.

**16. Zip Code**

33157

**17. E-mail address**

lnc743@bellsouth.net

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

Wachovia

**20. Address**

1525 W. W.T. Harris Blvd

**21. City**

Charlotte

**22. County**

Miami Dade

**23. State**

N. C.

**24. Zip Code**

28262

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

12 April 2011

**26. Signature of Candidate**



**27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)**

I, Charles L. Jones do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

4-12-11  
Date

  
Signature of Campaign Treasurer or Deputy Treasurer

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

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Initial Filing of Form    Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)

*Wilbur B. Bell*

**3. Address** (include post office box or street, city, state, zip code)

*18271 SW 109 Ave.  
Pensacola, Fla. 33157*

**4. Telephone**

*(786) 210 8801*

**5. E-mail address**

*WilburBell@Comcast.net*

**6. Office sought** (include district, circuit, group number)

*Mayor*

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**     Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

*Wilbur B. Bell*

**11. Mailing Address**

*18271 SW 109 Ave*

**12. Telephone**

*(786) 210 8801*

**13. City**

*Pensacola*

**14. County**

*Dade*

**15. State**

*Fla.*

**16. Zip Code**

*33157*

**17. E-mail address**

*WilburBell@Comcast.net*

**18. I have designated the following bank as my**     Primary Depository     Secondary Depository

**19. Name of Bank**

*Wachovia*

**20. Address**

*1525 W. W.T. Harris Blvd.*

**21. City**

*Charlotte NC.*

**22. County**

*Mecklenburg*

**23. State**

*N.C.*

**24. Zip Code**

*28262*

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**

*12 Apr 11*

**26. Signature of Candidate**

*X* 

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, *Wilbur B. Bell*, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:     Campaign Treasurer     Deputy Treasurer.

*12 Apr 11*

Date

*X* 

Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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MIAMI-DADE  
ELECTIONS

I, Wilbur B. Bell ,

candidate for the office of Mayor ;

have received, read and understand the requirements of Chapter 106,  
Florida Statutes.

X

*W. B. Bell*

Signature of Candidate

12 Apr 11

Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).



**Campaign Treasurer's Report  
Electronic Filing Requirements  
for Miami-Dade County**



- Candidate (office sought): Mayor
- Political Committee: \_\_\_\_\_
- Party Executive Committee: \_\_\_\_\_
- Other: \_\_\_\_\_

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ELECTIONS

I, Wilbur B. Bell  
(Please print name of Candidate or Chairperson)

understand that Campaign Treasurer's Reports must be filed electronically in order to comply with the Miami-Dade County requirements.

Additionally, a hard copy of the Campaign Treasurer's Reports must be printed from the Miami-Dade County Elections Department website and submitted by the reporting deadline with original signatures.

     12 April 2011  
Signature of Candidate or Chairperson      Date

Day Time Telephone No: 786 210 8801

Email Address: wilburbell@comcast.net

*This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.*

**LOYALTY OATH FOR MIAMI-DADE COUNTY  
MAYOR**

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	Wilbur	B.	Bell
	First Name	Middle Name/Initial	Last Name

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

**OATH OF CANDIDATE**

(Section 99.021, Florida Statutes)

I, WILBUR "SHORT STOP" BELL  
(PLEASE PRINT NAME AS YOU WISH IT TO APPEAR ON THE BALLOT — NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of Miami-Dade County Mayor

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ELECTIONS  
2011 APR 16 9:27 AM '11


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.

**CANDIDATE CERTIFICATION**

I, hereby, certify that I am a qualified elector of Miami-Dade County, and a resident of Miami-Dade County for at least three (3) years prior to qualifying. I am submitting a copy of the following as proof of my residency in the district for the prescribed period:

- driver's license       property tax receipt       homestead exemption receipt  
 utility bill       lease agreement

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING LOYALTY OATH AND OATH OF CANDIDATE AND THAT THE FACTS STATED IN EACH ARE TRUE.**

<b>X</b>		786 210 8801	wilburbell@comcast.net
Signature of Candidate		Daytime Telephone Number	Email Address

Address 18271 S. W. 109th Ave City Perrine State Fla Zip Code 33157

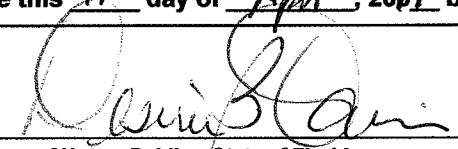
I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida,  
County of Miami-Dade

Sworn to (or affirmed) and subscribed before me this 11 day of April, 2011 by Wilbur B. Bell

Personally Known: \_\_\_\_\_ or  
Produced Identification: \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

  
Signature of Notary Public - State of Florida  
Print, Type or Stamp Commissioned Name of Notary Public  
NOTARY PUBLIC-STATE OF FLORIDA  
Desiree R. Davis  
Commission # DD695167  
Expires: SEP 03, 2011  
BONDED THRU ATLANTIC BONDING CO., INC.

# FORM 6 FULL AND PUBLIC DISCLOSURE OF

2010

Please print or type your name, mailing address, agency name, and position below:

## FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Wilbur B. Bell

MAILING ADDRESS:

18271 S. W. 109th Ave.

Perrine, Florida 33157

Dade

CITY:

ZIP:

COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Mayor

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

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### PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2010, or a more current date. [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 12-31-10, 2010 was \$ 4,088,486.00

### 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.

The aggregate value of my household goods and personal effects (described above) is \$ 110,000.00

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
<u>Wilbur B. Bell, Living Trust DATED 23 Nov 2001</u>	<u>3,437,668.00</u>
<u>GENERAL TRUST BOND</u>	<u>39,530.00</u>
<u>COMMUNITY BANK STOCK</u>	<u>13,200.00</u>

### PART C -- LIABILITIES

#### LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>Chase Bank</u>	<u>197,202.49</u>
<u>Home Depot</u>	<u>683.94</u>
<u>AMER</u>	<u>375.00</u>
<u>MDWA</u>	<u>455.00</u>

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<u>None</u>	

**PART D -- INCOME**

You may **EITHER** (1) file a complete copy of your 2010 federal income tax return, including all 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 2010 federal income tax return. [If you check this box and attach a copy of your 2010 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME:**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Community Bank	28801 Sec 157 Ave Miamifk 33090	15,381.70
Wachovia Bank	Charlotte N.C. 28262	1141.00
Stone Strip Prop. Inc	17452 Sec. 104 Ave M. am. flk.	9600.00

**SECONDARY SOURCES OF INCOME** [Major customers, clients, etc., of businesses owned by reporting person—see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

**PART E -- INTERESTS IN SPECIFIED BUSINESSES**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Stone Strip Prop Inc		
ADDRESS OF BUSINESS ENTITY	17452 Sec. 104 Ave 33157		
PRINCIPAL BUSINESS ACTIVITY	Real Estate + Check Cashing		
POSITION HELD WITH ENTITY	Pres + CEO -		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	Yes		
NATURE OF MY OWNERSHIP INTEREST	100%		

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IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

**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 Dade

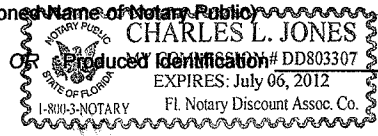
Sworn to (or affirmed) and subscribed before me this 12 day of

Apr 2011 by Wilbur B. Bell  
 (Signature of Notary Public—State of Florida)

Charles L. Jones  
 (Print, Type, or Stamp Commissioned Name of Notary Public)

SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known



Type of Identification Produced

**FILING INSTRUCTIONS** for when and where to file this form are located at the top of page 3.  
**INSTRUCTIONS** on who must file this form and how to fill it out begin on page 3.  
**OTHER FORMS** you may need to file are described on page 6.



Part B

Real Estate vacant land buildings. \$3,437,668.00

30 5020 005 0110  
30 5032 013 0360  
30 5032 013 0350  
30 5032 013 0340  
30 5032 013 0330  
30 5032 013 0390  
30 5032 010 0890  
30 6005 001 0150  
30 5032 027 0010  
30 5032 027 0020  
30 5032 027 0030  
30 5032 000 0160  
30 5032 000 0140  
30 5032 000 0110  
30 5032 000 0090  
30 5032 000 0260  
30 5032 003 0110  
30 5032 003 0060  
30 5032 000 0044  
30 5032 000 0043  
30 5032 010 1690  
30 6018 003 1710  
30 5031 000 0470  
30 6005 001 0200  
30 5923 001 0250  
36 6005 008 1830  
30 6005 001 0320  
30 6005 001 0300  
30 6005 001 0280  
30 6005 001 0270  
30 6005 001 0250  
30 6005 001 0240  
30 6005 001 0230  
30 6005 001 0220  
30 6005 001 0210  
30 6005 001 0190

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