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

Candidate (office sought): County Commissioner District &								
Candidate's Florida Voter Registration Number:1090 30702								
□ Political Committee:								
□ Party Executive Committee:								
□ Other:								
I, Lynda & Bell (Please print name of Candidate or Chairperson)								
understand that Campaign Treasurer's Reports must be filed electronically via the								
Supervisor of Elections website by midnight of the day designated in order to comply								
with Miami-Dade County requirements. I also acknowledge that Sections 12-17 and 12- 21 of the Code of Miami-Dade County regarding the filing of the campaign finance								
reports with the Supervisor of Elections were recently amended in that original signed								
hardcopies are no longer required.								
I also understand that, in accordance with Section 12-14.1 of the Code of Miami-Dade County, Florida, candidates running for the Offices of Miami-Dade County Mayor, Commissioner, Property Appraiser, Clerk of the Circuit Courts, and Community Council must now file the Absentee Ballot Campaign Report (MD-ED 26) to disclose the names of paid campaign workers engaged in absentee ballot activities.								
Synda Boll 6/10/14								
Signature of Candidate or Chairperson Date								
Day Time Telephone Number: 186 208 - 3292								
Alternate Contact Number: 305-245-4291 H								
Email Address: Lynda@ Lyndabell.com								

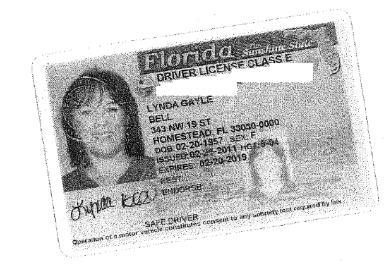
This form must be filed with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository form is filed.

MIAMI-DADE COUNTY CANDIDATE OATH -

~	-	See 1	\sim		10	-	\sim	AL	LY
	-	-		gen.	. 20			IM	ıν

Proof of residency provided: Driver's License Utility Bill NONPARTISAN OFFICE Voter Information Card Homestead Exemption Receipt (Not for use by Judicial or School Board Candidates) Property Tax Receipt Lease Agreement **OATH OF CANDIDATE** (Section 99.021, Florida Statutes) Lynda 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 nonpartisan office of Miami-Dade County Commission (OFFICE) District 8 (DISTRICT/GROUP/SEAT #) 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. X 343 NW 19th Street Homestead FL 33030 Address City State ZIP Code Candidate's Florida Voter Registration Number (located on your voter information card): 1090 30762 * Please print name phonetically on the line below as you wish it to be pronounced on the audio ballot for persons with disabilities (see instructions on page 2 of this form): LIN-dah BEL STATE OF FLORIDA COUNTY OF MIAMI-DADE Sworn to (or affirmed) and subscribed before me this _______ day of _______ Personally Known: or Signature of Notary Public Produced Identification: _____ INBULY JED SNOILDE Print, Type, or Stamp Commissioned Name of Notary Public MIAMI-DADE COUNTY Type of Identification Produced: FL. Driver's License 12:11 NY 91 NOT 4102 ANNE VANESSA INNOCENT Notary Public - State of Florida Notary Public - State of Florida

My Comm. Expires Jun 2, 2018 RECEIVED Commission # FF 116919



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FORM 6	FULLAN	D PUBLIC DISCL	OSURE	2013
Please print or type your name, mailing address, agency name, and position below:	OF FI	NANCIAL INTER	EST	FOR OFFICE USE ONLY:
LAST NAME — FIRST NAME — MIDD Bell, Lynda	LE NAME:			
MAILING ADDRESS: 343 NW 19th Street				RECE 2014 JUN 16 MIAMI-DADE HIGHNONS DE
CITY: Homestead NAME OF AGENCY: Miami-Dade County Commission, NAME OF OFFICE OR POSITION HEL Same CHECK IF THIS IS A FILING BY A CAR	D OR SOUGHT:	COUNTY : Miami-Dade		JUN 16 AM II: 21 AMI-DADE COUNTY OTIONS DEPARTMENT
		PART A NET WORTH		
Please enter the value of your net worth reported liabilities from your reported as	sets, so please see	1, 2013, or a more current date. [No		ot calculated by subtracting your
HOUSEHOLD GOODS AND PERSONA Household goods and personal effect following, if not held for investment furnishings; clothing; other household The aggregate value of my household ASSETS INDIVIDUALLY VALUED AT O	ets may be reported purposes: jewelry; of items; and vehicles digoods and person DVER \$1,000:	collections of stamps, guns, and no s for personal use.	umismatic items; a	
Please see Addendum "A"				
		and the same of th		
			Will Bridge Williams	
LIABILITIES IN EXCESS OF \$1,000 (S		PART C LIABILITIES page 4):		AMOUNT OF LIABILITY
Space Coast Credit Union, Home	Mortgage, PO	Box 419001 Melbourne, Fl 32	2941	\$60,074.00
1st National Bank of South Florida	a, HELOC, PO E	30x128 Homestead, Fl 33090)	\$85,594.90
			- All All All All All All All All All Al	
JOINT AND SEVERAL LIABILITIES NO NAME AND ADDRESS		OVE:		. AMOUNT OF LIABILITY

PART D INCOME									
You may <i>EITHER</i> (1) file a complete copy of your 2013 federal income tax return, <i>including all W2's</i> , <i>schedules</i> , <i>and attachments</i> , <i>OR</i> (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 2013 federal income tax return and all W2's, schedules, and attachments. [If you check this box and attach a copy of your 2013 tax return, you need not complete the remainder of Part D.]									
PRIMARY SOURCES OF INCO	DIVIE (See instructions on pa	ge 5):							
NAME OF SOURCE OF INCOME EXCEEDING \$1,000 ADDRESS OF SOURCE OF INCOME AMOUNT									
Miami-Dade County Comn	nission	111 NW 1	st Street,	\$45,026.00, yearly					
City of Homestead, Retire	ment - BNY Mellon	Homestea	ad PO Bo	x 569 Pittsburgh, PA, 1	5230	\$7,047.00, yearly			
SECONDARY SOURCES OF II	NCOME [Major customers, cli	ents. etc of	businesses	owned by reporting person	see instruction	ons on page 51:			
NAME OF BUSINESS ENTITY	NAME OF MAJOF OF BUSINESS'	SOURCES		ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE			
Rental Property Income	OF BOSINESS	INCOME	1274	SE 8th PI, Homestead, FI		rental			
WISHES HASHINGTON OF THE STATE				Assistant and a second a second and a second a second and					
Non-Commission with the control of t		w.,		70 THE RESIDENCE OF THE					
	PART E INTERESTS II	N SPECIFI	ED BUSIN	IESSES IInstructions on	nage 61				
•	BUSINESS ENTITY:			NESS ENTITY # 2		NESS ENTITY # 3			
NAME OF	N/A			N/A		N/A			
BUSINESS ENTITY ADDRESS OF									
BUSINESS ENTITY PRINCIPAL BUSINESS						-			
ACTIVITY	CTIVITY			*	TANAN STATE OF THE				
POSITION HELD WITH ENTITY	*		-			*			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	OWN MORE THAN A 5% -			=					
NATURE OF MY OWNERSHIP INTEREST	·		-			-			
IF ANY OF PARTS A	THROUGH E ARE CO	NTINUEI	ON A SE	EPARATE SHEET, PLE	CASE CHI	ECK HERE			
O <i>E</i>	ATH		TE OF FLOF NTY OF _	RIDA MIAMI DADE					
I, the person whose name app	ears at the	Swor	n to (or affin	med) and subscribed before	me this	16Th day of			
beginning of this form, do dep	ose on oath or affirmation	O.I.O.		medy and subscribed before	/ /	0 00			
and say that the information di	Tyne	, 20 <u>14</u> by <u>Ly</u>	maa yo	yve bey.					
and any attachments hereto is true accurate									
and complete. (Signature of Notary Public State of Florida)									
(Print, Type, or 對於 Panne os (Alatary Fanne)									
					My Comm. Expires Jun 2, 2018				
KINNA									
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE Type of Identification Produced									
If a cartified public accountant licensed under Chapter 473, or atternov in good standing with the Elevide Box prepared this fare for your heavy									
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,									
Section 112.3144, Florida Statutes, and the instructiona to the light Upon the sonable knowledge and belief, the disclosure herein is true and									

Signature CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.

2014 JUN 16 AM 11: 22

correct.

Lynda Bell – CE Form 6

Addendum "A" - Assets

- Home 343 NW 19th Street, Homestead, FL 33030 value \$190,000.00
- Rental Property 1274 SE 8th Place, Homestead, FL 33035 value \$70,000.00
- Nationwide IRA PO Box 182797 Columbus, Ohio, 43218 value \$10,608.30
- Primerica- Roth IRA PO Box 9662, Providence, RI 02205 value \$25,823.20
- Wells Fargo IRA, Advantage Funds PO Box 55290, Boston, MA, 02205 value \$9,593.89
- ICMARC- Retirement account VT Vantagepoint Cons Growth 777 N Capitol Street, NE, Washington, DC, 20002 - value \$39,915.13
- Power Financial Credit Union, 23300 SW 112th Ave, Homestead, FL value \$8,649.28
- Space Coast Credit Union-PO Box 419001 Melbourne, FL 32941 value \$38,900.00
- Capital Bank 9579 S Dixie Hwy, Miami, FL 33156 value \$7,719.25

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2700 NW 87th Avenue Miami, Florida 33172 T 305-499-8683 F 305-499-8547 TTY: 305-499-8480

CERTIFICATION

Batch 1

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I, Penelope Townsley, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that <u>934</u> signatures submitted by <u>Lynda G. Bell</u> for the office of <u>Miami-Dade County Commission District 8</u> matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 13th DAY OF
MAY, 2014

Penelope Townsley Supervisor of Elections

Welmer & Excellence Every Day



2700 NW 87th Avenue Miami, Florida 33172 T 305-499-8683 F 305-499-8547 TTY: 305-499-8480

CERTIFICATION

Batch 2

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I, Penelope Townsley, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that <u>258</u> signatures submitted by <u>Lynda G. Bell</u> for the office of <u>Miami-Dade County Commission District 8</u> matched the signatures on the voter files.

WITNESS MY HAND AND OFFICIAL SEAL, AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, ON THIS 13th DAY OF MAY, 2014

Penelope Townsley Supervisor of Elections

Internal England Frank Day