

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

Candidate (office sought): County Commissioner District 8
Candidate's Florida Voter Registration Number: 109030762

Political Committee: _____

Party Executive Committee: _____

Other: _____

I, Lynda G. Bell
(Please print name of Candidate or Chairperson)

2014 JUN 16 AM 11:22
MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

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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.

Lynda Bell _____ 6/16/14 _____
Signature of Candidate or Chairperson Date

Day Time Telephone Number: 786-208-3292

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 –
NONPARTISAN OFFICE**

(Not for use by Judicial or School Board Candidates)

OFFICE USE ONLY

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

OATH OF CANDIDATE

(Section 99.021, Florida Statutes)

I, 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 District 8
(OFFICE) (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 Lynda Bell 305-245-4291 LyndaBell1968@gmail.com
Signature of Candidate Telephone Number Email Address
343 NW 19th Street Homestead FL 33030
Address City State ZIP Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109030762

* 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

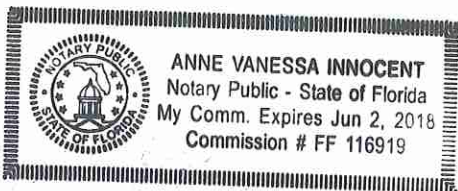
Sworn to (or affirmed) and subscribed before me this 16th day of June, 2014.

Personally Known: _____ or Anne Vanessa Innocent
Signature of Notary Public

Produced Identification: _____
Print, Type, or Stamp Commissioned Name of Notary Public

Type of Identification Produced: FL Driver's License

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Florida *The Sunshine State*
DRIVER LICENSE CLASS E



LYNDA GAYLE
BELL
343 NW 19 ST
HOMESTEAD, FL 33030-0000
DOB 02-20-1957 SEX F
ISSUED 02-23-2011 HGT 5-04
EXPIRES 02-20-2019
REST
ENDORSE

Lynda Kell

SAFE DRIVER
Operation of a motor vehicle constitutes consent to any sobriety test required by law.

OF FINANCIAL INTEREST

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

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:
Bell, Lynda

MAILING ADDRESS:
343 NW 19th Street

CITY : ZIP : COUNTY :
Homestead 33030 Miami-Dade

NAME OF AGENCY :
Miami-Dade County Commission, District 8

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Same

CHECK IF THIS IS A FILING BY A CANDIDATE

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MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2013, 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 December 31, 20 13 was \$ 305,540.15

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 \$ 50,000.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Please see Addendum "A"	

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Space Coast Credit Union, Home Mortgage, PO Box 419001 Melbourne, FL 32941	\$60,074.00
1st National Bank of South Florida, HELOC, PO Box 128 Homestead, FL 33090	\$85,594.90

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
<i>N/A</i>	

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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**MIAMI-DADE COUNTY
ELECTIONS DEPARTMENT**



miamidade.gov

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

CERTIFICATION

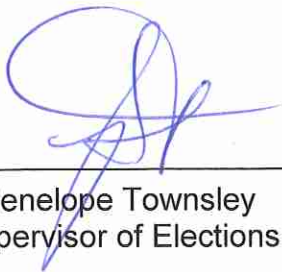
Batch 1

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Penelope Townsley, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **934** signatures submitted by **Lynda G. Bell** for the office of **Miami-Dade County Commission District 8** 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

Creating an Excellent Day

CERTIFICATION

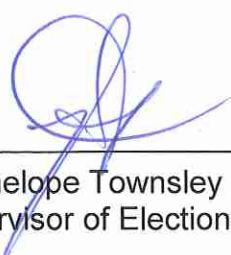
Batch 2

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Penelope Townsley, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **258** signatures submitted by **Lynda G. Bell** for the office of **Miami-Dade County Commission District 8** 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