

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

(PLEASE TYPE)

OFFICE USE ONLY

2006 JUL 18 PM 3:58

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate <u>Wilbur B. Bell</u>	1. Address (include post office box or street, city, state, zip code) <u>18271 SW. 109th Ave Miami Fla. 33157</u>
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Telephone (optional) <u>(305) 252-2358</u>	2. Party (Partisan candidates only)	3. Office (add district, circuit, group number) <u>C.C. 14-143</u>
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I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
Wilbur B. Bell

5. Mailing Address (If post office box or drawer add street address) <u>18271 SW. 109th Ave.</u>	6. Telephone <u>305-252-2358</u>
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7. City <u>Miami</u>	8. County <u>Dade</u>	9. State <u>Fla.</u>	10. Zip Code <u>33157</u>
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I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank <u>Sofisa</u>	12. Street Address <u>14095 SW Dixie Hlwy</u>		
13. City <u>Miami</u>	14. County <u>Dade</u>	15. State <u>Fla</u>	16. Zip Code <u>33176</u>

17. Signature of Candidate <u>X</u> 	Date <u>18 July 06</u>
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Campaign Treasurer's Acceptance of Appointment

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

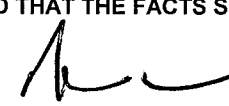
Campaign Treasurer Deputy Treasurer for the campaign of Wilbur B. Bell

who is seeking nomination or election as a _____ candidate to the office of _____
(Party)

C.C. 14-143 . As a duly registered voter in Miami-Dade

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

18 July 06 X 
Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

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OFFICE USE ONLY

2006 MAY 30 AM 10:50

MIAMI-DADE
ELECTIONS

I, Wilbur B. Bell,

candidate for the office of Community Council 14-143;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X



Signature of Candidate

5/24/06

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).



Miami-Dade Supervisor of Elections
 2700 NW 87th Avenue
 Miami, FL 33172

(305) 499-8400

RECEIVED

2006 JUL 18 PM 3:58

MIAMI DADE COUNTY
 ELECTIONS DEPARTMENT

RECEIPT


Candidate:

<u>Wilson</u>	<u>B.</u>	<u>BELL</u>
First Name	Middle Name	Last Name

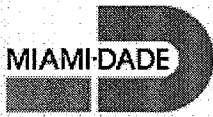
Office: Community Council Area 14 / Subarea # 143

This is to acknowledge my receipt of the following documents:

- Qualifying Handbook for Candidates for Miami-Dade County Community Council**

Received by: 
 Candidate Signature

Date: 18 July 06



**Campaign Treasurer's Report
Filing Requirement
Electronic Filing Statement
For Miami-Dade County Candidates**

RECEIVED
2006 JUL 18 PM 3:58
MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

I, William B. Bell, candidate for the office of CR 14-143, have received, read, and understand the Miami-Dade County policy regarding Campaign Treasurer's Reports for Miami-Dade Mayor, County Commission, and Community Council candidates.

In order to comply with the requirement I declare that I understand that Campaign Treasurer Reports be filed on diskettes or CD-ROMS simultaneously with and in addition to the original signed report, I further declare that:

- I will purchase the necessary software.
- I will use the software provided by the Supervisor of Elections.

Signature of Candidate

18 July 06
Date

305-237-9785
Day time Phone #

E-mail address

MIAMI-DADE COMMUNITY COUNCIL LOYALTY OATH

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA

MIAMI-DADE COUNTY

2006 JUL 18 PM 3:58
(PLEASE PRINT)

I,

<i>Wilbur</i> First Name	MIAMI-DADE COUNTY ELECTIONS DEPARTMENT <i>W.B.</i> Middle Name/Initial	<i>BELL</i> Last Name
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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 "Stripes Strip" 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 Community Council Area #14 Subarea #143
(office)

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 Unincorporated Miami-Dade County, and that I have been a resident elector of the subarea for which I am qualifying for three (3) months prior to qualifying. I am submitting a copy of the following as proof of my residency in the subarea 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.

SIGN HERE

[Handwritten Signature]

Signature of Candidate

18271 SW 109 Ave
Current Address of Legal Residence

(305) 232-9715 (305) 256-2785
Day Phone Fax Number

(784) 210 8861
Other Phone Number

Email Address

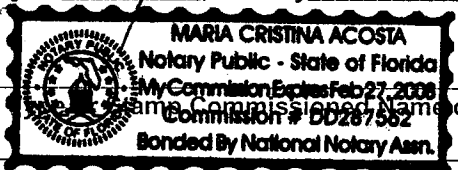
Miami City *Fla.* State *33157* Zip Code *18 July 06* Date Signed

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 18 day of July, 2006 by Wilbur Bell

[Handwritten Signature]
Signature of Notary Public - State of Florida

Print,  MARIA CRISTINA ACOSTA
Notary Public - State of Florida
My Commission Expires Feb 27, 2008
Commission # 00267552
Bonded By National Notary Assn.

Personally known to me Identification provided



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No. 5331764

RECEIVED FROM Wilbur B. Bell

DATE 7 / 18 / 06
MONTH DAY YEAR

ADDRESS 18271 SW 109 Ave.

CASH \$ _____

Miami CITY FL STATE 33157 ZIP

CHECKS \$ 100 . 00

AMOUNT OF: One hundred DOLLARS, AND 00 CENTS

TOTAL \$ 100 . 00

FOR PAYMENT OF: Qualifying Fee - Comm. Council 14/143

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.
DEPT.: Elections By: Vera G. Suter

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

Comments: Acct of Wilbur B. Bell

DATE 18 5 06 63-1459/670

PAY TO THE ORDER OF Board of County Commissioners Date \$ 100.00

One Hundred Dollars DOLLARS



FOR Qual. fee C.C. 14-143

⑆067014592⑆ 10007441⑆