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MIAMI-JADE ELECTIONS

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.

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) 3. Address (include post office box or street, city, state, zip code)
 12. HOUR B. BELL 18271 SW 107th Ave

4. Telephone 5. E-mail address
 (786) 210 8801 williambell@lumina.com

6. Office sought (include district, circuit, group number) 7. If a candidate for a nonpartisan office, check if applicable:
 Community Council 14-143 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
 Elvira Fox

11. Mailing Address 12. Telephone
 15570 SW 106 Ave. (786) 573 3304

13. City 14. County 15. State 16. Zip Code 17. E-mail address
 Miami Dade Fla. 33157 E.Fox@BellSouth.com

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

19. Name of Bank 20. Address
 First National of So. Fla. 1550 N. Krome Ave.

21. City 22. County 23. State 24. Zip Code
 Homestead Dade Fla.

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 26. Signature of Candidate
 31 May 12 X [Signature]

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
 I, Elvira Fox, do hereby accept the appointment
 (Please Print or Type Name)
 designated above as: Campaign Treasurer Deputy Treasurer.
 30 May 12 X [Signature]
 Date Signature of Campaign Treasurer or Deputy Treasurer

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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.

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) William B. Bell

3. Address (include post office box or street, city, state, zip code) 18271 SW 109 Ave

4. Telephone (786) 210 8801

5. E-mail address willbell@comcast.net

Miami Fla 33157

6. Office sought (include district, circuit, group number) Community Council 14-143

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 William B. Bell

11. Mailing Address 18271 SW 109 Ave Miami Fla 33157

12. Telephone (786) 210 8801

13. City Miami

14. County Dade

15. State Fla

16. Zip Code 33157

17. E-mail address willbell@comcast.net

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

19. Name of Bank First National Bank of Fla.

20. Address 1530 N Krome Ave.

21. City Homestead

22. County Dade

23. State Fla

24. Zip Code 33030

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 30 May 12

26. Signature of Candidate X [Signature]

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

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

designated above as: Campaign Treasurer Deputy Treasurer

30 May 12 Date

X [Signature] Signature of Campaign Treasurer or Deputy Treasurer

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STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

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ELECTIONS

I, William B. Bell,

candidate for the office of Community Council 14-143,

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

X

[Signature]
Signature of Candidate

30 May 12
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).

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Access to Handbook and the Election Laws of the State of Florida MIAMI-DADE ELECTIONS

Candidate/Chairperson:

Wilbur B. Bell
First Name Middle Name Last Name

Community Council 14-143
Office Sought / Organization

I acknowledge that it is my responsibility to read, understand and follow the requirements described in the following resources available on the Miami-Dade County Elections Department Website:

[X] Candidate Qualifying Handbook (http://www.miamidade.gov/elections/candidate.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Qualifying Information, Electronic Reporting Dates and Procedures, Important Candidate Information, and Recent Legislative Changes.

[] Political Committee Handbook (http://www.miamidade.gov/elections/pacs.asp) Contains information on State Laws and Handbooks, the Election Laws of the State of Florida, County Laws and Handbooks, Electronic Reporting Dates and Procedures, Important Committee Information, and Recent Legislative Changes.

Acknowledged by: Wilbur B. Bell
Candidate / Chairperson Signature

Date: 30 May 12

Primary Telephone Number: 786 240 8801

Alternate Telephone Number: 305 252 2355

E-mail address: wilburbell@comcast.net

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



Candidate (office sought): Community Council Miami Dade 14-143
Candidate's Florida Voter Registration Number: _____

Political Committee: _____

Party Executive Committee: _____

Other: _____

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 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.

Signature of Candidate or Chairperson 30 May 12
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.

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MIAMI-DADE
ELECTIONS

<p align="center">MIAMI-DADE COUNTY CANDIDATE OATH - NONPARTISAN OFFICE</p> <p align="center">(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)</p>	<p align="center">OFFICE USE ONLY</p> <p>Proof of residency provided:</p> <table border="0"> <tr> <td><input type="checkbox"/> Driver's License</td> <td><input type="checkbox"/> Utility Bill</td> </tr> <tr> <td><input checked="" type="checkbox"/> Voter Information Card</td> <td><input type="checkbox"/> Homestead Exemption Receipt</td> </tr> <tr> <td><input type="checkbox"/> Property Tax Receipt</td> <td><input type="checkbox"/> Lease Agreement</td> </tr> </table>	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Utility Bill	<input checked="" type="checkbox"/> Voter Information Card	<input type="checkbox"/> Homestead Exemption Receipt	<input type="checkbox"/> Property Tax Receipt	<input type="checkbox"/> Lease Agreement
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Utility Bill						
<input checked="" type="checkbox"/> Voter Information Card	<input type="checkbox"/> Homestead Exemption Receipt						
<input type="checkbox"/> Property Tax Receipt	<input type="checkbox"/> Lease Agreement						


OATH OF CANDIDATE
(Section 99.021, Florida Statute and Section 12-11 of the Code of Miami-Dade County)

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 nonpartisan office of Community Council 14-143,
(OFFICE) (DISTRICT/AREA/SUBAREA)

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; 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 am 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  () 786 210 8801 wilburbell@comcast.net
Signature of Candidate Telephone Number Email Address

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

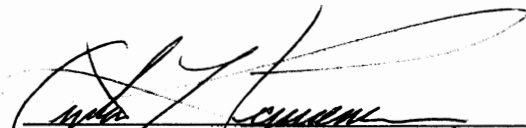
Candidate's Florida Voter Registration Number (located on your voter information card): 1D9003115

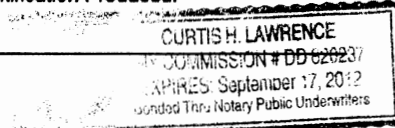
STATE OF FLORIDA
COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 2nd day of June, 2012.

Personally Known: _____ or
Produced Identification: _____

Type of Identification Produced: _____


Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public



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MIAMI-DADE
ELECTIONS

Voter Information Card
Miami-Dade County, FL
Tarjeta de información del elector
Condado de Miami-Dade, FL

Kat Enkripsiyon Vote
Konté Miami-Dade, FL

WILBUR B BELL
18271 SW 109TH AVE
MIAMI, FL 33157

ISSUED
EMITIDA
ENPRIME
02/24/06

Registration No.
Número de inscripción
109603115

Bring photo identification when voting.
Para votar, presente una identificación con fotografía.
Traiga foto y su pasaporte.

Identification Data
Datos de identificación
Enfo. Identifikasyon

07/22/40

Registration Date
Fecha de inscripción
Dat Enskripsyon

03/28/66

Precinct No.
Número del recinto
Núm. Biwo Vot

826

Party Affiliation
Afilación partidista
Pati Politik

DEM

Polling Place | Centro de votación | Lokal Biwo Vot
R R MOTON ELEM SCHOOL
18050 HOMESTEAD AVE


Supervisor of Elections

You are eligible to vote for the representatives from the districts listed below.
Ud. puede votar por los representantes de los distritos enumerados abajo.
W elijó pou w vote pou reprezantan ki nan distri ki eklika ba la yo.

Congress Congreso Kongrè	State Senate Senado Estatal Sena Eta a	State House Cámara Estatal Lacham Eta a
025	039	118
County Commission Comisión del Condado Komisyon Konte	School Board Junta Escolar Asamble Edikasyon	Community Council Consejo Comunitario Konsèy Kominotè
09	09	014

Municipal | Municipal | Minisipal

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FORM 1

STATEMENT OF

FINANCIAL INTERESTS

012 JUN -4 AM 9:01

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

LAST NAME - FIRST NAME - MIDDLE NAME :

BELL WILBUR B.

MAILING ADDRESS :

18271 S. W. 109th Ave.

Perrine, Fla. 33157 DADE
CITY: ZIP: COUNTY:

NAME OF AGENCY :

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Community Council 14- 143

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

MIAMI-DADE ELECTIONS

ID Code

ID No.

Conf. Code

P. Req. Code

**** BOTH PARTS OF THIS SECTION MUST BE COMPLETED ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2011 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions p. 4] (if you have nothing to report, you must write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
SHORT STOP PROP. INC	17452 S. W. 104th Ave	Real Estate Inv

PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions p. 4] (if you have nothing to report, you must write "none" or "n/a")

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

PART C - REAL PROPERTY [Land, buildings owned by the reporting person - See instructions p. 4] (if you have nothing to report, you must write "none" or "n/a")

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

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 D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

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ELECTIONS

PART E — LIABILITIES [Major debts - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

NAME OF CREDITOR

ADDRESS OF CREDITOR

Chase Bank

15077 So. Dixie Hwy Miami, Fla.

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions p. 5]
(If you have nothing to report, you must write "none" or "n/a")

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY

Shoreway Prop Inc

ADDRESS OF BUSINESS ENTITY

17452 SW 164 Ave

PRINCIPAL BUSINESS ACTIVITY

Real Estate

POSITION HELD WITH ENTITY

CEO

I OWN MORE THAN A 5% INTEREST IN THE BUSINESS

96%

NATURE OF MY OWNERSHIP INTEREST

100%

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

SIGNATURE (required):

DATE SIGNED (required):

[Signature]

4 Jun 12

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, **including signing and dating it**, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does **not** relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2011.

ALBUR B. BELL
Financial Disclosure
Form 1 Attachment

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MIAMI-DADE
ELECTIONS

Part A:

Part C, Land AND BLDG. Total Value total

FOLIO NUMBERS: 30 5032 027 0030
30 5032 003 0060
30 5032 000 0260
30 6005 010 0210
30 5032 013 0360
30 6005 010 0250
30 5032 000 0090
30 5032 013 0330
30 5032 013 0340
30 5032 013 0350
30 5031±000 0470
30 5032 013 0390
30 5032 000 0140
30 5032 000 0160
30 5032 003 0110
30 6005 001 0240
30 6005 001 0300
30 6005 001 0320
30 6005 010 0230
30 6005 010 0220
30 6005 010 0190
30 5032 010 0890
30 6005 010 0200
30 5923 001 0250
30 5032 027 0010
30 5032 027 0020
30 5032 000 0044
36 6005 00881830
30 6018 003 1710
30 6005 001 0270
30 5032 000 0110

30 5032 010 1690

30 6005 010 0150

