

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

(PLEASE PRINT OR TYPE)

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2010 JUN -8 PM 1:36

MIAMI DADE
 ELECTIONS

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

Lynda G Bell

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

343 NW 19 St
 Homestead, FL 33030

4. Telephone (optional)

(786) 208 3292

5. E-mail address (optional)

VoteLyndaBell@gmail.com

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

County Commission, District 8

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

Lynda Bell

11. Mailing Address (If post office box or drawer, also include street address)

343 NW 19 St

12. Telephone 305/245 4291

(786) 208-3292

13. City

Homestead

14. County

Miami-Dade

15. State

FL

16. Zip Code

33030

17. E-mail address (optional)

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

19. Name of Bank

Regions Bank

20. Street Address

2700 NE 8th Street

21. City

Homestead

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33033

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

6/8/10

26. Signature of Candidate

X Lynda Bell

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

I, Lynda G Bell, do hereby accept the appointment
 (Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/8/10

Date

X Lynda Bell

Signature of Campaign Treasurer or Deputy Treasurer

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

(PLEASE PRINT OR TYPE)

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2010 MAR 18 PM 12:47

MIAMI DADE
ELECTIONS

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

LYNDA G. BELL

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

343 NW 19 STREET, HOMESTEAD, FL.33030

4. Telephone (optional)

(305) 245-4291

5. E-mail address (optional)

Lynndaforlife@gmail.com

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

COUNTY COMMISSIONER, DISTRICT 8

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

KIMBERLY DORT

11. Mailing Address (If post office box or drawer, also include street address)

PO BOX 343406

12. Telephone

(973) 868-3206

13. City

HOMESTEAD

14. County

MIAMI-DADE

15. State

FL

16. Zip Code

33034

17. E-mail address (optional)

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

19. Name of Bank

REGIONS BANK

20. Street Address

2700 NE 8 STREET

21. City

HOMESTEAD

22. County

MIAMI-DADE

23. State

FL

24. Zip Code

33033

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

3/16/2010

26. Signature of Candidate

Lynnda G Bell

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

I, Kimberly Dort, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

3/18/10
Date

Kimberly Dort
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, LYNDA G. BELL,
candidate for the office of COUNTY COMMISSIONER, DISTRICT 8;

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

X

Lynda G. Bell
Signature of Candidate

3/16/2010

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).

**Receipt of Handbook and the
Election Laws of the State of Florida**



Candidate/Chairperson:

LYNDA	GAYLE	BELL
First Name	Middle Name	Last Name

COUNTY COMMISSION DISTRICT 8

Office Sought / Organization

This is to acknowledge my receipt of the following documents:

Handbooks Available	Edition	Downloaded from Internet	CD-Rom	Other
The Election Laws of the State of Florida		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Miami-Dade County Qualifying Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Received by: Lynda Bell
Candidate/Chairperson Signature

Date: 3/16/2010

Phone No.: 305-245-4291

Fax No.: 305-245-0558

E-mail address: LYNDAFORLIFE@GMAIL.COM

MIAMI DADE
ELECTIONS

2010 MAR 18 PM 12:47

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



- Candidate (office sought): County Commission Dist 8
 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 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.

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MIAMI-DADE
COUNTY
ELECTIONS
2010 MAR 18 PM 12:47

 3/18/10
Signature of Candidate or Chairperson Date

Day Time Telephone No: 305/245-4201 or 786-208-3292 (c)

Email Address: LyndaforLife@gmail.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.

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

(Sections 876.05-876.10, Florida Statutes)

STATE OF FLORIDA Miami-Dade County

I,	<u>LYNDA</u>	<u>G</u>	<u>BELL</u>
	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, LYNDA G. 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 Commissioner** District 8.

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 that I have been a resident elector of Miami-Dade County for at least three (3) years and resident of the District at least six (6) months 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.

X Lynnda Bell 305)245-4291 Lynndaforlife@gmail.com
 Signature of Candidate Daytime Telephone Number Email Address

343 N.W. 19 St. Hmstd. FL 33030
 Address City State Zip Code

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 18th day of March, 20010 by Lynnda Bell.

Personally Known: _____ or
 Produced Identification:
 Type of Identification Produced:

Zeida Reyes
 Signature of Notary Public - State of Florida
 Print, Type or Stamp Commissioned Name of Notary Public



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 MIAMI DADE
 ELECTIONS
 2010 MAR 18 PM 12:17



OFFICIAL RECEIPT
MIAMI-DADE COUNTY-FLORIDA

No.5872194

RECEIVED FROM Lynda Bell

DATE 6 / 8 / 10
MONTH DAY YEAR

ADDRESS 343 NW 19th Street
STREET ADDRESS

CASH \$ _____

Homestead CITY FL STATE 33030 ZIP

CHECKS \$ 360.00

AMOUNT OF: Three Hundred and Sixty DOLLARS, AND NO CENTS

TOTAL \$ 360.00

FOR PAYMENT OF: Qualifying Fla. County Comm. Dist 8

THIS RECEIPT NOT VALID UNLESS DATED, COMPLETED AND SIGNED BY AUTHORIZED EMPLOYEE OF DEPARTMENT.

DEPT.: Elections

By: Maria Acosta

FOR OFFICE USE ONLY

TRANS	SUBSIDIARY	INDEX CODE	SUBJECT	AMOUNT

107.01-1 6/04

LYNDA BELL CAMPAIGN FUND
343 NW 19th St
Homestead, FL 33030
305-245-4291

1009
63-466/631

6/8/10 DATE

PAY TO THE ORDER OF Board of County Commissioners \$ 360.00
Three hundred sixty and 00/100 DOLLARS

REGIONS
FOR Filing Fee

Security Features Details on Back.