

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

(PLEASE PRINT OR TYPE)

OFFICE USE ONLY

2010 JUN 14 AM 8:44

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

Wilbur B. Bell

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

18271 SW 109 AVE
MIAMI, FL 33157

4. Telephone (optional)

(786) 210-8801

5. E-mail address (optional)

bell3032@att.net

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

Alexander Davis

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

10540 SW 170 ST

12. Telephone

(786) 287-3787

13. City

Miami

14. County

Dade

15. State

FL

16. Zip Code

33157

17. E-mail address (optional)

militarydavis1@yahoo.com

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

19. Name of Bank

Wachovia

20. Street Address

1525 W.W.T. Harris Blvd.

21. City

Charlotte

22. County

Miami-Dade

23. State

NC

24. Zip Code

28262

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

6/10/10

26. Signature of Candidate

X 

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

I, Alexander Davis, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

6/10/10

Date

X


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)

OFFICE USE ONLY
 RECEIVED

10 JUN 14 AM 9:17

MIAMI-DADE COUNTY
 ELECTIONS DEPARTMENT

1. CHECK APPROPRIATE BOX:

Original Appointment Change in: Treasurer/Deputy Depository Office Party

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

Wilbur B. Bell

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

18271 SW 109 AVE
 Miami, FL 33157

4. Telephone (optional)

(786) 210-8801

5. E-mail address (optional)

bell3032@att.net

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

Wilbur B. Bell

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

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12. Telephone

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13. City

Miami

14. County

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15. State

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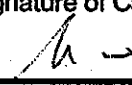
28262

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25. Date

6/10/10

26. Signature of Candidate

X 

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

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

designated above as: Campaign Treasurer Deputy Treasurer.

6/10/10

Date

X


 Signature of Campaign Treasurer or Deputy Treasurer

RECEIVED

OFFICE USE ONLY

2018 JUN 14 AM 8:44

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

I, Wilbur B. Bell,

candidate for the office of Miami-Dade Community Council 114743

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

Florida Statutes.

X



Signature of Candidate

6/10/18
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).

RECEIVED

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



2010 JUN 14 AM 8:45

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT
Candidate/Chairperson

Wilbur B. Bell
First Name Middle Name Last Name

Miami-Dade Community Council 14-143
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 type="checkbox"/>	<input type="checkbox"/>	
Electioneering Committee Handbook		<input type="checkbox"/>	<input type="checkbox"/>	

Received by: [Signature]
Candidate/Chairperson Signature

Date: 6/10/10

Phone No.: 786-210-8807 Fax No.: _____

E-mail address: Bell 3032 B All. NE?

RECEIVED

2010 JUN 14 AM 8:45

MIAMI DADE COUNTY
ELECTIONS DEPARTMENT

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



- Candidate (office sought): Miami-Dade Community Council 14-143
- 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 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.



 Signature of Candidate or Chairperson

 6/10/10
 Date

Day Time Telephone No: 786 210 8801

Email Address: bell3032@att.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.

LOYALTY OATH FOR MIAMI-DADE COUNTY COMMUNITY COUNCIL MEMBER

(Sections 876.05-876.10, Florida Statutes)

2010 JUN 14 AM 8:45

STATE OF FLORIDA Miami-Dade County

I, WILBUR	B.	MIAMI DADE COUNTY ELECTIONS DEPARTMENT
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, WILBUR "SHORTSTOP" 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: **Community Council Member Area 14 Subarea 143**

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

- I have been a Miami-Dade County resident elector for at least three years prior to qualifying.
- I have been a resident elector of the Council Area 14 for at least six (6) months prior to qualifying.
- I have been a resident elector of the Subarea 143 for at least three (3) 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	786 210 8801	BELLS3032@att.net
Signature of Candidate	Daytime Telephone Number	Email Address
18271 S. W. 109th Ave.	PERRINE	FLA. 33157
Address	City	State Zip Code

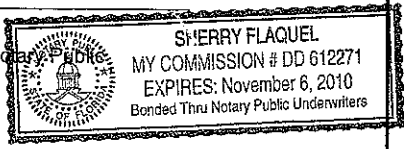
I, the candidate whose name appears above, do affirm that I meet the minimum residency requirements for this office and that the information provided on this form and any attachments hereto are true.

State of Florida, County of Miami-Dade
 Sworn to (or affirmed) and subscribed before me this 19th day of JUNE, 2010 by Wilbur Bell

Personally Known: _____ or
 Produced Identification:

Type of Identification Produced:
FLD

Signature of Notary Public – State of Florida
 Print, Type or Stamp Commissioned Name of Notary Public





OFFICIAL RECEIPT
 MIAMI-DADE COUNTY-FLORIDA

No. 5997470

RECEIVED FROM Wilbur B Bell

DATE 6 / 14 / 10
MONTH DAY YEAR

ADDRESS 18271 SW 109 Ave
STREET ADDRESS
PERRINE FL 33157
CITY STATE ZIP

CASH \$ _____
 CHECKS \$ 100.00

AMOUNT OF: ONE Hundred DOLLARS, AND NO CENTS TOTAL \$ 100.00

FOR PAYMENT OF: Qualifying Fee - Comm. Council Area 34/143

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

