

FORM 6 FULL AND PUBLIC DISCLOSURE OF 2011

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

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Williams Helen Barbary

MAILING ADDRESS:

251 N.E. 174th Street

North Miami Beach 33162 Dade

CITY: ZIP: COUNTY:

NAME OF AGENCY:

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

Miami-Dade Mayor

CHECK IF THIS IS A FILING BY A CANDIDATE

FOR OFFICE USE ONLY:

ID Code

ID No.

Conf. Code

P. Req. Code

MIAMI-DADE ELECTIONS

2012 JUN -4 PM 6:5

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PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2011, 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, 2011 was \$ 400.00

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 \$ 400.00

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)

VALUE OF ASSET

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
None	—

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Sureway Moving and Storage 5726 N.W. 100 th Ter Coral Springs FL 33076; AARP Medicare Complete;	\$515.00
Capital I Portfolio Recovery Association P.O. Box 12914 Norfolk Virginia 23541	\$779.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

700.00 Paid to Elaine Addeley for monthly rent at Apt 21 13750 N.E. 20 th Lane North Miami FL 33182	700.00 monthly
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PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2011 federal income tax return, including all W2's, schedules, and attachments, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2011 federal income tax return and all W2's, schedules, and attachments.
 [If you check this box and attach a copy of your 2011 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
Social Security Check	United States Treasury Dept	1,325.00 monthly HDW

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

N/A I do not have a business income

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

PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 5]

N/A

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

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 MIAMI-DADE ELECTIONS

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

OATH

STATE OF FLORIDA
 COUNTY OF Miami-Dade

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

Sworn to (or affirmed) and subscribed before me this 4th day of June, 2012 by Helen B Williams

(Signature of Notary Public) Maria Cristina Adosta

(Print, Type, or Stamp of Notary Public) **MARIA CRISTINA ADOSTA**
 Notary Public - State of Florida
 My Comm. Expires Feb 27, 2016
 Bonded Through National Notary Assn

Helen B. Williams
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

Personally Known OR Produced Identification

Type of Identification Produced FI Identification Card

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
 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.

**MIAMI-DADE COUNTY
CANDIDATE OATH –
NONPARTISAN OFFICE**

(For use by Mayoral, County Commission, Community Council and Property Appraiser Candidates)

OFFICE USE ONLY

Proof of residency provided:

- | | |
|--|--|
| <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 |

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MIAMI-DADE
ELECTIONS

OATH OF CANDIDATE

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

I, Helen Barbary Williams
(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 Mayor
(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 Helen B. Williams (786) 587-9904
Signature of Candidate Telephone Number Email Address
13750 N. E. North Miami Beach FL 33181
Address City State Zip Code

Candidate's Florida Voter Registration Number (located on your voter information card): 109193860

STATE OF FLORIDA
COUNTY OF Miami-Dade

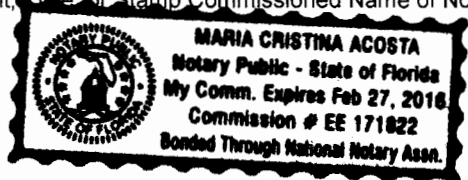
Sworn to (or affirmed) and subscribed before me this 1st day of June, 2012.

Personally Known: _____ or

Produced Identification:

Type of Identification Produced:
FL Identification Card

Maria Cristina Acosta
Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public





Elections
 2700 NW 87th Avenue
 Miami, Florida 33172
 T 305-499-VOTE F 305-499-8547
 TTY: 305-499-8480
 miamidade.gov

Date 05/25/2012
 Time 15:06 PM

Penelope Townsley
 Supervisor of Elections
Voter Registration Receipt

Miami-Dade County, FL

Regn Number / Número de Registración / Nimewo Enskripsyon	109193860
Voter Name / Nombre de Votante / Non Votè	Williams, Helen B
Residence / Residencia / Domisil	13750 NE 20Th Ln APT 21 N Miami Beach FL 33181
Mailing Address / Dirección de Correo / Adrès Postal	251 NE 174Th St North Miami Beach FL 33162
Voter Status / Estado del Votante / Estati Votè	2(A) Reinstate Final Notice/ Petn
Birth Date / Fecha de Nacimiento / Dat Nesans	Feb/27/1942
Birth Place / Lugar del Nacimiento / Lye Nesans	FL
Sex / Sexo / Sèks	F
Race / Raza / Ras	3
Party / Partido / Pati Politik	DEM
Precinct / Precinto / Biwo Vòt	125 Highland Village 13621 NE 21 Avenue Highland Village
Registration Date / Fecha de Registración / Dat Enskripsyon	Aug/07/1982
Assistance Required / Asistencia Requerida / Bezwen Asistans	N

*Witness my hand and official seal at Miami-Dade County, FL,
 Firmo de mi puño y letra y estampo el sello oficial del Condado de Miami-Dade County, FL,
 Temwen siyati mwen ak so ofisyèl nan Konte Miami-Dade County, FL,
 on May/25/2012 / este día May/25/2012 / jou May/25/2012*

Penelope Townsley
 Supervisor of Elections
 Miami-Dade County, FL

By: *Marc delo A. Martinez*

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 ELECTIONS

May 28, 2012

To: Whom It May Concern

From: Elaine Addeby and Helen Williams

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MUNICIPAL ELECTIONS
3450 N. E. 20th Lane, North
Miami Beach, FL 33181, September
1, 2011. I, Elaine Addeby, leased
the apartment on August 1, 2011.
Williams, a family members' friend
was invited to share residency
in the said apartment. I pay
the utility bills and Ms. Williams
provides, to me, \$1700.00 for the
monthly rent. The rent is paid
using money orders. You may
contact me at 305 - 691 - 3084.
You may contact Ms. Williams
at 786 - 587 - 9904

Signature: Elaine Addeby

Signature: Helen B. Williams

