

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Lynda G Bell
Name
(2) 343 NW 19th Street
Address (number and street)
Homestead, Fl 33030
City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
[1023905]
Submitted on:
10/1/2010 16:15:31 (eastern)

CHECK IF ADDRESS HAS CHANGED (3) ID Number: 768

(4) Check appropriate box(es):
 Candidate (office sought): County Commission 08
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee
 Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 7/31/2010 To 8/19/2010 / Report Type F3-10
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,500.00
 Loans \$ 0.00
 Total Monetary \$ 1,500.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 0.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 83,154.21

(10) TOTAL Monetary Expenditures To Date
 \$ 48,425.92

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Lynda G Bell (2) I.D. Number 768

(3) Cover Period 7/31/2010 through 8/19/2010 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
8/19/2010 / /	Airboat USA, 3571 NE 11 Dr Homestead, Fl 33033	B	airboat rides	CH		Add	\$500.00
1							
8/19/2010 / /	Biscayne National Underwater , 3571 NE 11 Dr Homestead, Fl 33033	B	underwater tours	CH		Add	\$500.00
2							
8/19/2010 / /	Mathews, Gary 3571 NE 11 Dr Homestead, Fl 33030	I	tour operator	CH		Add	\$500.00
3							
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Lynda G Bell

(2) I.D. Number 768

(3) Cover Period 7/31/2010 through 8/19/2010

(4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
/ /					
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