

FORM 6**FULL AND PUBLIC DISCLOSURE OF****2012**

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

FINANCIAL INTERESTS

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Bell Lynda

COMMISSION ON ETHICS

MAILING ADDRESS:

DATE RECEIVED

111 NW 1st Street, Suite 220

JUL 03 2013

Miami

33128-1904

Miami-Dade

CITY :

ZIP :

COUNTY :

Miami-Dade County

NAME OF AGENCY :

County Commissioner, District 8

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

86655

PROCESSED

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, 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, 20 12 was \$ \$274,486.30.**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 \$ 50,000.00**ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:**

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

VALUE OF ASSET

Primary Home: 343 NW 19th Street, Homestead, FL

\$240,000.00

TownHouse-Keystone: 1274 SE 8th Place, Homestead, FL

\$55,000.00

Nationwide IRA

\$9,139.13

PRIME AFICA IRA
WELLS FARGO

\$18,844.80

\$7,223.33

401K PLAN - TCMARC
POWER FINANCIAL

\$24,736.51

\$23,256.85

PART C -- LIABILITIES

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

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

Space Coast Credit Union

\$66,037.00

1st National Bank of South Florida

\$87,677.32

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR

AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2012 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 2012 federal income tax return and all W2's, schedules, and attachments.
[If you check this box and attach a copy of your 2012 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
Miami-Dade County Salary	111 NW 1st Street, Suite 220, Miami, FL 33128	\$46,000.00 Yr.
Rental Property	1274 SE 12 Place, Homestead, FL	\$800 mth
Rental Property	438 NW 5th Avenue, Homestead, FL	\$775.00 Mth
Rental Property	440 NW 5th Avenue, Homestead, FL	\$700.00 Mth

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

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 6]

	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			

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

OATH

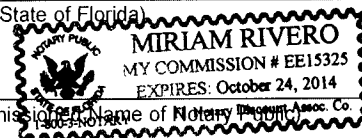
I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF Dade

Sworn to (or affirmed) and subscribed before me this 2nd day of

July, 2013 by Lynda Bell

(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

Lynda Bell
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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.