

NOV 7 PM 4:16 gm

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):
 Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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

3. Address (include post office box or street, city, state, zip code)
1332 Biscaya Drive
Surfside, FL 33154

4. Telephone (305) 517 1175 5. E-mail address Charles@burkettcompanies.com

6. Office sought (include district, circuit, group number)
Mayor, Town of Surfside

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
Deborah B. Baker

11. Mailing Address 10659 NE Quay Bridge Ct. 12. Telephone (305) 439-1400

13. City Miami 14. County ^{Miami} Dade 15. State FL 16. Zip Code 33138 17. E-mail address dbaker0674@gmail.com

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

19. Name of Bank 20. Address

21. City 22. County 23. State 24. Zip Code

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 11/7/19 26. Signature of Candidate X

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)
I, Deborah Bari Baker, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.
Nov. 7, 2019 X Deborah Bari Baker
Date Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)
(Please print or type)

OFFICE USE ONLY

NOV 7 PM 4:16 *gn*

I, Charles W. Burkelt,
candidate for the office of Mayor;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X *[Signature]*
Signature of Candidate

11/7/19
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).

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOV 7 PM 4:16 *gn*

NOV 12 AM 11:18 *gn*

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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

Charles W. Burkett

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

1332 Biscaya Drive
Surfside, FL 33154

4. Telephone

(305) 517 1175

5. E-mail address

Charles@burkettcompanies.com

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

Mayor, Town of Surfside

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

Deborah B. Baker

11. Mailing Address

10659 NE Quay Bridge Ct.

12. Telephone

(305) 439-1400

13. City

Miami

14. County

Dade

15. State

FL

16. Zip Code

33138

17. E-mail address

dbaker0674@gmail.com

18. I have designated the following bank as my

Primary Depository Secondary Depository

19. Name of Bank

Northern Trust Bank

20. Address

595 Biltmore Way, ~~1000~~ ~~1000~~

21. City

Goodwater

22. County

Dade

23. State

FL

24. Zip Code

~~33138~~ 33134

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

11/7/19

26. Signature of Candidate

[Signature]

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

I, Deborah Bari Baker, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

Nov. 7, 2019

Date

Deborah Bari Baker

Signature of Campaign Treasurer or Deputy Treasurer



TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

NOV 21 AM 11:42 *[Signature]*

GENERAL ELECTION – MARCH 17, 2020

SWORN STATEMENT OF QUALIFICATION

Pursuant to Article VI, Section 102 of the Town of Surfside Charter, this form must be submitted simultaneously with the nominating petitions and qualifying fee of \$25.00 made payable to the Town of Surfside.

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

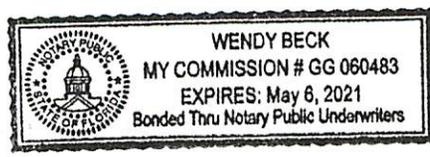
TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Charles W. Buckett,
that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of
Surfside, Florida; that my address is 1332 Biscaya Drive, Surfside, FL
my occupation is Investments; that I have been
a resident of the Town of Surfside since 1996; that I will be at least twenty-one (21) years of
age by November 22, 2019 and that if elected, I will willingly serve as Mayor
(Mayor or Commissioner) of the Town of Surfside, if elected.

[Signature]
Signature of Candidate

11/21/19
Date

Sworn to and subscribed before me this 21 day of November, 2019.



[Signature]
NOTARY PUBLIC
Wendy Beck
PRINTED NAME OF NOTARY

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)
Check box **only** if you are seeking to qualify as a write-in candidate:

NOV 21 AM 11:42 

Write-in candidate

OFFICE USE ONLY

Candidate Oath

(Section 99.021(1)(a), Florida Statutes)

I, Charles W. Burkett

(Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box . (See page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.)

am a candidate for the nonpartisan office of Mayor, _____, _____
(Office) (District #)

_____ ; I am a qualified elector of Miami - Dade County, Florida;
(Circuit #) (Group or Seat #)

I am qualified under the Constitution and the Laws of Florida 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; and I will support the Constitution of the United States and the Constitution of the State of Florida.

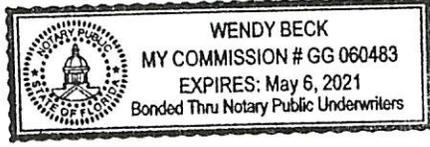
Candidate's Florida Voter Registration Number (located on your voter information card): 109173445

Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.]

Signature of Candidate Charles W. Burkett Telephone Number (305) 517-1175 Email Address charles@burkettcompanies.com
1332 Biscaya Drive, Suptside, FL 33154
Address City State ZIP Code

STATE OF FLORIDA
COUNTY OF Miami Dade

Signature of Notary Public
Print, Type, or Stamp Commissioned Name of Notary Public below:



Sworn to (or affirmed) and subscribed before me this 21
day of November, 2019.

Personally Known: or Produced Identification: _____

Type of Identification Produced: _____

FORM 1

**STATEMENT OF
FINANCIAL INTERESTS**

2018

FOR OFFICE USE ONLY:

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

LAST NAME -- FIRST NAME -- MIDDLE NAME :
Burkett, Charles William

MAILING ADDRESS :
1332 Biscaya Drive

CITY : ZIP : COUNTY :
Surfside 33154 Miami-Dade

NAME OF AGENCY :
Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :
Mayor

NOV 21 AM 11:42 

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF CANDIDATE OR NEW EMPLOYEE OR APPOINTEE

**** **BOTH PARTS OF THIS SECTION MUST BE COMPLETED** ****

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (must check one):

DECEMBER 31, 2018 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one):

COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS

PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Burkett Family... (cont)		
...Limited Partnership	1332 Biscaya Drive, Surfside FL 33154	Real Estate Investments
RentMiamiBeach, LLC	1332 Biscaya Drive, Surfside FL 33154	Mortgage lending

PART B -- SECONDARY SOURCES OF INCOME

[Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

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

PART C -- REAL PROPERTY [Land, buildings owned by the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

See Attachment B

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]
 (If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
See Attachment C	

PART E — LIABILITIES [Major debts - See instructions]
 (If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
n/a	

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]
 (If you have nothing to report, write "none" or "n/a")

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	RentMiamiBeach, LLC	
ADDRESS OF BUSINESS ENTITY	1332 Biscaya Drive, Surfside FL 33154	
PRINCIPAL BUSINESS ACTIVITY	Small loan company	
POSITION HELD WITH ENTITY	Owner	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	100% owner	
NATURE OF MY OWNERSHIP INTEREST	Member shares	

PART G — TRAINING
 For elected municipal officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

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

SIGNATURE OF FILER:

Signature: 

Date Signed: 11/20/2019

CPA or ATTORNEY SIGNATURE ONLY

If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:

I, _____, prepared the CE Form 1 in accordance with Section 112.3145, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics. it will be returned.

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format) and send it to CEForm1@leg.state.fl.us. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

ATTACHMENT A. SECONDARY SOURCES OF INCOME

NOV 21 AM 11:49



Name of Business Entity	Name of major sources of business' income	Address of source	Principle business activity source
Burkett Family Limited Partnership	The Lois Apartments Office Warehouse building Office Warehouse building	2001 Bay Drive, Miami Beach FL 7830 S. 10th St. Oak Creek, WI 451 Southpoint Circle, Brownsburg IN	Apartment rentals Commercial rental Commercial rentals
RentMiamiBeach, LLC	Retail rental building The Lois Apartments	2717 18th Street, Kenosha WI 2001 Bay Drive, Miami Beach FL	Commercial rentals Apartment rentals

Attachment B. Financial disclosure

NOV 21 AM 11:43



Real property owned in Florida:

- 1) 30 Park Drive, Bal Harbour, FL Unit 12A - Condominium unit
- 2) Palm Beach land. Parcel Control Number 00-38-43-18-00-000-1000, Official records book, book/page 20054 /187, Legal Desc., 18-43-38, NE 1/4, E 1/4 OF NW 1/4, S ½ OF SW 1/4 & SE 1/4 (LESS SR 80 R/W AS IN OR2897 P1664). - Agricultural land
- 3) 2001 Bay Drive, Miami Beach FL 33154 – Apartment building
- 4) 4520 NE 18th Avenue, Fort Lauderdale, FL 33334 - Office building
- 5) 1332 Biscaya Drive, Surfside FL 33154 - Home

NOV 21 AM 11:43



Intangible personal property:

- 1) Cash on hand in bank accounts:
 - a. Grove Bank and Trust, FL, Northern Trust Bank, FL, Farmer & Drovers Bank, KS, 1st Bank, CO, Bank United, FL, JP Morgan Chase Bank, FL, City National Bank, FL, Comerica Bank, FL, Dryden Bank, NY, First National Bank of Waynesboro, GA, Frost Bank, TX, HSBC Bank, FL, Iberia Bank, FL, National Exchange Bank and Trust, WI, State Bank of Lizton, IN, Wells Fargo, FL
- 2) Receivables / Loans due.
 - a. Due to RentMiamiBeach, LLC.

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

1 of 10

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles W. Burkett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
17, 2020.

NOV 21 AM 11:43

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/19</u>	D.O.B.:
Print Name: <u>Camila Cristofari</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u>	D.O.B.:
Print Name: <u>Ruby T. Kern</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u>	D.O.B.:
Print Name: <u>ROBERT MAZZUCA</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/19/19</u>	D.O.B.:
Print Name: <u>JONATHAN BORUCKI</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u>	D.O.B.:
Print Name: <u>SONNY DMAIL</u>	Address: <u>[Redacted]</u>	
Signature: _____	Date: _____	D.O.B.:
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B.:
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B.:
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B.:
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B.:
Print Name: _____	Address: _____	
Signature: _____	Date: _____	D.O.B.:
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 5 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 568 nw 109 st miami Fl

Email address of Circulator: rebecasil@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/19/19

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

2 of 9/10

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles W. Burkett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
17, 2020.

NOV 21 AM 11:43

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>NOV. 13 2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>LINDA BIRIALDI Annunziata</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Charlotte al-Sahl</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/13/2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>ET COHEN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-14-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Sally Rosen</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-14-19</u>	D.O.B. <u>5-13-72</u>
Print Name: <u>Eduard anstow</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>[Redacted]</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>[Redacted]</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>[Redacted]</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>MARYN DOLAN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Anton Godoy Becker</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>LAURENCE N. BARON</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>ANAN RUBIN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>LUCIA DIAS SCHLESSE</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/14/2019</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Barbara Wall</u>	Address: <u>[Redacted]</u>	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 11 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 1332 Biscaya Drive Surfside, FL 33154
Email address of Circulator: Charles@burkettcompanies.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/17/19

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

379/10

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

NOV 21 AM 11:44

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles W. Burkett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B.:
Print Name: <u>PETER BARKER</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B.:
Print Name: <u>R. CESAR IZARRA</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>3/17/85</u>	D.O.B.:
Print Name: <u>David Samaroff</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B.:
Print Name: <u>Kseniya Smychkovskiy</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>16 Nov 2019</u>	D.O.B.:
Print Name: <u>JOSEPH SANTIAGO</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>16 Nov 19</u>	D.O.B.:
Print Name: <u>Kim Thachuk</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B.:
Print Name: <u>Daniel Basulto</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B.:
Print Name: <u>KARL GRUEN</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B.:
Print Name: <u>OSCAR A. CHAVEZ BATIA</u>	Address:	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B.:
Print Name: <u>Victor Saife</u>	Address:	
Signature: <u>[Signature]</u>	Date:	D.O.B. <u>3/20/73</u>
Print Name: <u>[Signature]</u>	Address: <u>[Signature]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B.:
Print Name: <u>Kristen Jones</u>	Address:	
Signature:	Date:	D.O.B.:
Print Name:	Address:	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 11 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 1332 Biscayne Drive, Surfside, FL 33154
Email address of Circulator: Charles@burkettcompanies.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/16/19

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

4 of 10

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

NOV 21 AM 11:44

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles W. Burkett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
17, 2020.

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/15/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Paul Glasgow</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>07-19-</u> D.O.B. <u>1992</u>
Print Name: <u>JULIO J. BALADRON</u>	Address: <u>2016 DICKENS AVE</u>
Signature: <u>[Signature]</u>	Date: <u>11-15-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>JULIO J. BALADRON</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-15-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Edgar Russmke</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Wazibel Soto</u>	Address: <u>[Redacted]</u>
Signature: <u>MARIA ERENA SOLARIS</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARIA ERENA SOLARIS</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>WILLIAM WYKLEWSKI</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-16-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>CHRISTOPHER M. GONZALEZ</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Mercy MacDowell</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MAURICIO RODRIGUEZ</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Daryle Prager</u>	Address: <u>[Redacted]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 10 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 1332 Biscaya Drive, Surfside FL 33154
Email address of Circulator: Charles@burkettcompanies.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/16/19

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

5 of 10

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles W. Burkett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
17, 2020.

NOV 21 AM 11:44

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/14/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>PAUL JACOBSEN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/15/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>Charles Burkett</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>RANDI MACBRIDE</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>MARA GRANER</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>JAMES MACKENZIE</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-16-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>MANUELA MACKENZIE</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>MEL SCHLESSER</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-16-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>ELAVU HARARI</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11-16-19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>DAVID HARARI</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>FRED LANDRAN</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>ELIANA R. SALZHAVER</u>	Address: <u>[Redacted]</u>	
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u>	D.O.B. <u>[Redacted]</u>
Print Name: <u>BEA ACQUARDO</u>	Address: <u>[Redacted]</u>	
Signature: _____	Date: _____	D.O.B. _____
Print Name: _____	Address: _____	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 1332 [Redacted] Surfside FL 33154
Email address of Circulator: Charles@burkettcompanies.com

I hereby accept the nomination of Mayor Charles@burkettcompanies.com
(Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/16/19

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

6 of 8/10

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles W. Burkett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
17, 2020.

NOV 21 AM 11:44

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>Daryl B Wall</u>	Date: <u>11/17/19</u>	D.O.B.:
Print Name: <u>Daryl B Wall</u>	Address:	
Signature: <u>Robert Swedroe</u>	Date: <u>11/14/19</u>	D.O.B.:
Print Name: <u>ROBERT SWEDROE</u>	Address:	
Signature: <u>Rita P. Swedroe</u>	Date: <u>11-16-19</u>	D.O.B.:
Print Name: <u>Rita P. Swedroe</u>	Address:	
Signature: <u>Nelly Velasquez</u>	Date: <u>11/17/19</u>	D.O.B.:
Print Name: <u>Nelly Velasquez</u>	Address:	
Signature: <u>Astley GIBB</u>	Date: <u>11/17/19</u>	D.O.B.:
Print Name: <u>ASTLEY GIBB</u>	Address:	
Signature: <u>James M Cooper</u>	Date: <u>11/17/19</u>	D.O.B.:
Print Name: <u>James M Cooper</u>	Address:	
Signature: <u>Pat Pazmiko</u>	Date: <u>11.17.19</u>	D.O.B.:
Print Name: <u>Pat Pazmiko</u>	Address:	
Signature: <u>M. Benjamin</u>	Date: <u>11-17-19</u>	D.O.B.:
Print Name: <u>Melra Benjamin</u>	Address:	
Signature: <u>CAHIO PINO</u>	Date: <u>11.17.19</u>	D.O.B.:
Print Name: <u>CAHIO PINO</u>	Address:	
Signature: <u>Maria Cubas</u>	Date: <u>11/17/19</u>	D.O.B.:
Print Name: <u>Maria Cubas</u>	Address:	
Signature: <u>Ramiro Cubas</u>	Date: <u>11/17/19</u>	D.O.B. <u>7/32/39</u>
Print Name: <u>Ramiro Cubas</u>	Address:	
Signature: <u>Ramiro Cubas</u>	Date: <u>11/17/19</u>	D.O.B.:
Print Name: <u>Ramiro Cubas</u>	Address:	
Signature: <u>Donald Landsman</u>	Date: <u>11/17/19</u>	D.O.B.:
Print Name: <u>Donald Landsman</u>	Address:	

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 12 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 1332 Biscay Drive Surfside FL

Email address of Circulator: Charles@burkettcompanies.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature]

Date: 11/17/19

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

7 of 8 10

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles W. Burkett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
17, 2020.

NOV 21 AM 11:44

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11-13-2019</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Steven Kram</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/13/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Barbara G. Kram</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/14/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Robert Kram</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>OSWALD KENNY</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Paola Walowitz</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Richard Urban</u>	Address: <u>[Redacted]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 6 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: Barbara G. Kram
Address of Circulator: 8844 Abbott Ave Surfside FL 33154
Email address of Circulator: dot2spots@yahoo.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/18/19

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

8 of 10

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles W. Burkett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
17, 2020. NOV 21 AM 11:44

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>JAVIER PEZZAZZI</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARIA C. DATORRE</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>JOSH HERMAN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/16/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>LISA HERMAN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>DEANAWA ABUARO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/2019</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>KENT AGUERO</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>MARIA SOCARRAS</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>RABIER SOCARRAS</u>	Address: <u>[Redacted]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 8 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 524 90th Street, Surfside FL 33154
Email address of Circulator: btacuario@gmail.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/19/19

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

9 of 10

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles W. Buckett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
17, 2020.

NOV 21 AM 11:44

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Diana Gonzalez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Rocio Alvarez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-17-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Fernando Alvarez</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/17/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>PATRICIA FERNANDEZ</u>	Address: <u>[Redacted]</u>
Signature: <u>Pamela O'Hagan</u>	Date: <u>Nov. 17 2019</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>PAMELA O'HAGAN</u>	Address: <u>[Redacted]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 5 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 1332 Biscaya Drive, Surfside FL
Email address of Circulator: Charles@buckettcompanies.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/20/19

10/10

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION
PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

Charles W. Burkett

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles W. Burkett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
17, 2020.

NOV 21 AM 11:44

This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm).

Signature: <u>[Signature]</u>	Date: <u>11/20/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>SHERYL GOLDSTEIN</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11/20/19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>VICTOR MAY</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-20-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Friedel Arauz</u>	Address: <u>[Redacted]</u>
Signature: <u>[Signature]</u>	Date: <u>11-20-19</u> D.O.B. <u>[Redacted]</u>
Print Name: <u>Charles Kest</u>	Address: <u>[Redacted]</u>
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 4 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 1332 Biscayne Drive Surfside FL
Email address of Circulator: Charles@burke4.companies.com

ACCEPTANCE OF NOMINATION

I hereby accept the nomination of Mayor (Mayor or Commissioner) and agree to serve if elected.

Signature of Candidate: [Signature] Date: 11/20/19

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

NOV 22 AM 11:43

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

Initial Filing of Form Re-filing to Change: Treasurer/Deputy Depository Office Party

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

Charles W. Burkett

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

1332 Biscaya Drive
Surfside, FL 33154

4. Telephone

(305) 517-1175

5. E-mail address

charles@burkettcompanies.com

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

Mayor

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

Charles W. Burkett

11. Mailing Address

1332 Biscaya Drive

12. Telephone

(305) 517-1175

13. City

Surfside

14. County

Miami Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

charles@burkettcompanies.com

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

19. Name of Bank

Northern Trust Bank

20. Address

595 Biltmore Way

21. City

Coral Gables

22. County

Miami Dade

23. State

FL

24. Zip Code

33134

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

11/22/19

26. Signature of Candidate

X

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

I, Charles W. Burkett, do hereby accept the appointment
(Please Print or Type Name)

designated above as: Campaign Treasurer Deputy Treasurer.

11/22/19

Date

X

Signature of Campaign Treasurer or Deputy Treasurer



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-8683 F 305-499-8547
TTY 305-499-8480

miamidade.gov

November 22, 2019

Sandra Novoa, MMC
Town Clerk
Town of Surfside
9293 Harding Ave
Surfside, FL 33154

Dear Ms. Novoa:

The Miami-Dade Elections Department has completed the verification of the petitions for Charles W. Burkett, a candidate for the office of Mayor for Town of Surfside. A total of 84 signatures were submitted. Per your request, we were to review petitions until a total of 25 valid petitions were met. Therefore, a total of 28 petitions were reviewed for verification; of which 25 were certified.

For purposes of signature verification, my office follows the directives given by the municipality. You are encouraged to ensure compliance with municipal charter or code requirements.

Please find the certification for the petition enclosed. Should you have any questions or concerns, please feel free to contact Michelle McClain, Deputy Supervisor of Elections for Voter Services at 305-499-8302.

Sincerely,

A handwritten signature in blue ink, appearing to read "Christina White".

Christina White
Supervisor of Elections

Enclosure (1)



Elections
2700 NW 87th Avenue
Miami, Florida 33172
T 305-499-8683 F 305-499-8547
TTY 305-499-8480

miamidade.gov

CERTIFICATION

STATE OF FLORIDA)

COUNTY OF MIAMI-DADE)

I, Christina White, Supervisor of Elections of Miami-Dade County, Florida, do hereby certify that **25** signatures submitted by **Charles W. Burkett** for the office of **Mayor** for the **Town of Surfside** matched the signatures on the voter files.

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 22nd DAY OF
NOVEMBER, 2019

A handwritten signature in blue ink, appearing to read "Christina White for".

Christina White
Supervisor of Elections



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra Novoa, MMC, Town Clerk

November 25, 2019

Mr. Charles W. Burkett
1332 Biscaya Drive
Surfside, Fl 33154

Dear Mr. Burkett:

I am pleased to inform you that according to records on file in this office, you have qualified as a candidate for the office of the Town Mayor for the Town of Surfside. Your name will be placed on the ballot for the March 17, 2020 Municipal Election.

Congratulations on your qualification and if I can assist in any way throughout the process, please feel free to contact me.

Very truly yours,

A handwritten signature in blue ink, appearing to read "Sandra Novoa", is written over a faint, illegible printed name.

Sandra Novoa, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charles W. Burkett
 Name
 (2) 1332 Biscaya Drive
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

DEC 2 '19 10:26AM
sen

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11 / 1 / 19 To 11 / 30 / 19 Report Type: 2019 m11

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . _____

Loans \$ _____ , 10 , 000 . -

Total Monetary \$ _____ , 10 , 000 . -

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 99 . 45

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 99 . 45

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 10 , 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 99 . 45

(11) Certification

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

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Deborah B. Baker

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Deborah Baker
 Signature

(Type name) Charles W. Burkett

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Charles w Burkett (2) I.D. Number 347 DEC 19 10:26AM

(3) Cover Period 11 / 1 / 19 through 11 / 30 / 19 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
11 / 15 / 19 1	Charles w. Burkett 1332 Biscaya Dr. Surfside, FL 33154	S	Investor	LOA	n/A	n/A	\$10,000 ⁰²
/ /							
/ /							
/ /							
/ /							
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/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Charles W. Burkett

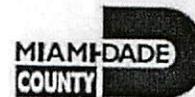
(2) I.D. Number _____

(3) Cover Period ¹¹ / 1 / 19 through ¹¹ / 30 / 19

(4) Page ¹ of ¹

(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					
¹¹ / <u>21</u> / <u>19</u>	<u>TOWN OF Surfside</u> <u>9293 Harding Ave</u> <u>Surfside, FL 3354</u>	<u>Qualifying</u> <u>fee</u>	<u>mon</u>	<u>n/A</u>	<u>25-</u>
<u>1</u>					
¹¹ / <u>25</u> / <u>19</u>	<u>Northern Trust Bank</u> <u>50 South LaSalle St</u> <u>Chicago, IL 60675</u>	<u>Campaign</u> <u>account</u> <u>checks</u>	<u>Mon</u>	<u>n/A</u>	<u>74.45</u>
<u>2</u>					
<u> / /</u>					
<u> / /</u>					
<u> / /</u>					
<u> / /</u>					
<u> / /</u>					
<u> / /</u>					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Charles W. Burkett

I.D. Number _____

Address (number and street)
1332 Biscaya Drive

City, State, Zip Code
Surfside Fl. 33154

CHECK IF ADDRESS HAS CHANGED

DEC 2 '19 10:26AM

Sen

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2019M11 Cover Period 11/1/2019 through 11/30/2019

Report Type Original Amendment

CERTIFICATION

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

I certify that I have examined this report and it is true, correct, and complete.

Charles W. Burke H

(Type name) Treasurer Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Charles W. Burkett

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charles W. Burkett
 Name
 (2) 1332 Biscaya Drive
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

JAN 2 12 12:14 PM
TOWN OF SURFSIDE

SKN

JAN 2 12 12:14 PM

Check here if address has changed (3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: Mayor

Political Committee (PC)

Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded

Party Executive Committee (PTY) Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 12 / 1 / 19 To 12 / 31 / 19 Report Type: 2019m12

Original Amendment Special Election Report

(6) **Contributions This Report**

Cash & Checks \$ _____, _____, 0 . 00

Loans \$ _____, _____, 0 . 00

Total Monetary \$ _____, _____, 0 . 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**

\$ _____, 10 , 000 . 5

(10) **TOTAL Monetary Expenditures To Date**

\$ _____, _____, 99 . 45

(11) Certification

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

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Deborah B. Baker

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Deborah B. Baker

Signature

(Type name) Charles W. Burkett

Candidate Chairperson (only for PC and PTY)

X _____

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

JAN2 '20 12:14PM

(1) Name Charles W Burkett

(2) I.D. Number _____

(3) Cover Period 12, 01, 19 through 12, 31, 19

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /							
n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
/ /							
/ /							
/ /							
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/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles W Bunnett

(2) I.D. Number _____

(3) Cover Period 12,01,19 through 12,31,19

(4) Page 1 of 1

(5) Date	(6) Sequence Number	(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
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A					
/ /						
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/ /						

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name Charles W. Burkett

I.D. Number _____

Address (number and street)
1332 Biscaya Drive

City, State, Zip Code
Surfside FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

JAN2 '20 12:14PM

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2019 M12 Cover Period 12/1/19 through 12/31/19

Report Type Original Amendment

CERTIFICATION

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

I certify that I have examined this report and it is true, correct, and complete.

Charles W. Burkett
(Type name) Treasurer Deputy Treasurer

X
Signature

I certify that I have examined this report and it is true, correct, and complete.

Charles W. Burkett
(Type name) Candidate

X
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charles W. Burkett
 Name
 (2) 1332 Biscaya Drive
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE

FEB 7 '20 11:01 AM

SKA

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 1 / 20 To 1 / 31 / 20 Report Type: 2020 ml

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 100 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 594 . 72

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 594 . 72

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 10 , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 694 . 17

(11) Certification

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

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Deborah B. Baker

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Deborah B Baker
 Signature

(Type name) Charles W. Burkett

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE

FEB 7 '20 11:01AM

SKN

(1) Name Charles W. Burkett

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 20 through 1 / 31 / 20

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
<u>1 / 1 / 20</u>	<u>Charles W. Burkett 1332 Biscaya Dr. Surfside, FL 33154</u>	<u>S</u>	<u>Investor</u>	<u>IN K</u>	<u>Donate mailing list to campaign</u>	<u>N/A</u>	<u>\$100.00</u>
<u> / / </u>							
<u> / / </u>							
<u> / / </u>							
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SM

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles W. Burkett

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 20 through 1 / 31 / 20(4) Page 1 of 2

(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
1/6/20 1	GoDaddy.com 14455 N. Hayden Rd. #100 Scottsdale, AZ 85260	website and marketing tools	mon		\$20.00
1/6/20 2	GoDaddy.com 14455 N. Hayden Rd. #100 Scottsdale, AZ 85260	website and marketing tools	mon		\$24.13
1/8/20 3	GoDaddy.com 14455 N. Hayden Rd. #100 Scottsdale, AZ 85260	website and marketing tools	mon		\$14.99
1/9/20 4	Miami-Dade Electronic Dept. 2700 NW 87 Ave. Miami, FL 33172	mailing list	mon		\$20.00
1/22/20 5	GoDaddy.com 14455 N. Hayden Rd. #100 Scottsdale, AZ 85260	website and marketing tools	mon		\$7.26
1/27/20 6	Imprint.com 14550 Beechnut St. Houston, TX 77083	Campaign yard signs	mon		\$496.89
1/28/20 7	Imprint.com 14550 Beechnut St. Houston, TX 77083	Campaign yard signs (refund)	Ref		(\$496.89)
1/29/20 8	Adobe 345 Park Ave San Jose, CA 95110-2704	website and marketing tools	mon		\$9.99

gjn

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Charles W. Burkett

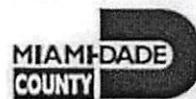
(2) I.D. Number _____

(3) Cover Period 1 / 1 / 20 through 1 / 31 / 20

(4) Page 2 of 2

(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
1 / 29 / 20 9	Imprint.com 14550 Beechnut St. Houston, TX 77083	Campaign Yard Signs	mon		\$498.35
//					
//					
//					
//					
//					
//					
//					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Charles W. Burkett

I.D. Number

Address (number and street)

1332 Biscaya Dr.

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

FEB 7 '20 11:01AM

gln

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2020 MI Cover Period 1-1-20 through 1-31-20

Report Type Original Amendment

CERTIFICATION

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

I certify that I have examined this report and it is true, correct, and complete.

Charles W. Burkett

(Type name) Treasurer Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Charles W. Burkett

(Type name) Candidate

X

Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charles W. Burkett
 Name
 (2) 1332 Biscaya Drive
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

Check here if address has changed

(3) ID Number: FFR21 20 10:26AM

TOWN OF SURFSIDE

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 2 / 1 / 20 To 2 / 20 / 20 Report Type: ASPI

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 00 . 00

Loans \$, , 00 . 00

Total Monetary \$, , 00 . 00

In-Kind \$, , 00 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 686 . 34

Transfers to Office Account \$, , .

Total Monetary \$, , 686 . 34

(8) Other Distributions

\$, , .

(9) TOTAL Monetary Contributions To Date

\$, 10 , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$, 1 , 380 . 51

(11) Certification

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

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Deborah B. Baker
 Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Deborah B Baker
 Signature

(Type name) Charles W. Burkett
 Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Charles W. Burkett (2) I.D. Number _____

(3) Cover Period 2 / 1 / 20 through 2 / 20 / 20 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
<u>N/A</u> / /	<u>N/A</u>	<u>NA</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u> / /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Charles W. Burkett

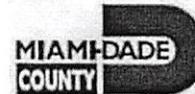
(2) I.D. Number _____

(3) Cover Period 2 / 1 / 20 through 2 / 20 / 20

(4) Page 1 of 1

(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
2/5/20	GoDaddy.com 14455 N. Hayden Rd. #100 Scottsdale, AZ 85260	Website a marketing tools	mon		\$5.99
1					
2/11/20	ColorCopies USA 140 NE 32nd Ct. Ft. Lauderdale, FL 33334	Flyers	mon		\$465.45
2					
2/18/20	Rebecca Silva 568 NW109st. Miami, FL 33168	Lawn Sign Distribution	mon		\$100.00
3					
2/20/20	Town of Surfside 9293 Harding Ave. Surfside, FL 33154	Public Records List	mon		\$9.90
4					
2/20/20	Twitter 1355 Market St San Francisco, CA	Online ads	mon		\$99.00
5					
2/20/20	Town of Surfside 9293 Harding Ave. Surfside, FL 33154	Public Records List	mon		\$6.00
6					
//					
//					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Charles W. Burkett

I.D. Number

Address (number and street)

1333 Biscayne Dr

City, State, Zip Code

Surfside FL 33154

CHECK IF ADDRESS HAS CHANGED

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 25PI Cover Period 2-1-20 through 2-20-20

Report Type Original Amendment

CERTIFICATION

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

I certify that I have examined this report and it is true, correct, and complete.

Charles W. Burkett
(Type name) Treasurer Deputy Treasurer

X
Signature

I certify that I have examined this report and it is true, correct, and complete.

Charles W. Burkett
(Type name) Candidate

X
Signature

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charles W. Burkett
 Name
 (2) 1332 Biscaya Drive
 Address (number and street)
Surfside, FL 33154
 City, State, Zip Code

OFFICE USE ONLY

MAR 5 '20 12:09PM

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: Mayor
- Political Committee (PC)
- Electioneering Communications Org. (ECO)
- Party Executive Committee (PTY)
- Independent Expenditure (IE) (also covers an individual making electioneering communications)
- Check here if PC or ECO has disbanded
- Check here if PTY has disbanded
- Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 2 / 21 / 20 To 3 / 5 / 20 Report Type: 11A1

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 0 . 00

Loans \$ _____ , _____ , 0 . 00

Total Monetary \$ _____ , _____ , 0 . 00

In-Kind \$ _____ , _____ , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , 2 , 356 . 53

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , 2 , 356 . 53

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 10 , 100 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 3 , 737 . 04

(11) Certification

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

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Deborah B. Baker

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X Deborah Baker
 Signature

(Type name) Charles W. Burkett

Candidate Chairperson (only for PC and PTY)

X [Signature]
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

MAR 5 '20 12:09PM



(1) Name Charles W. Burkett

(2) I.D. Number _____

(3) Cover Period 2 / 01 / 20 through 3 / 15 / 20

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
N/A / /	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A / /							
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles W. Burkett

(2) I.D. Number _____

(3) Cover Period 2 / 21 / 20 through 3 / 5 / 20

(4) Page 1 of 2

(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
2/24/20	Twitter 1355 Market St. San Francisco, CA	online ads	mon		\$50.00
1					
2/24/20	Rebecca Silva 568 NW 109 St Miami, FL 33168	campaign help	mon		\$100.00
2					
2/25/20	Image Plus Graphics 1440 NE 131 St. Miami FL 33161	letter to residents	mon		\$1540.10
3					
2/26/20	Facebook 1 Hacker Way Menlo Park CA 94025	online ads	mon		\$25.00
4					
3/2/20	Facebook 1 Hacker Way Menlo Park, CA 94025	online ads	mon		\$25.00
5					
3/2/20	Adobe 345 Park Ave. San Jose, CA 95110-2704	website & marketing tools	mon		\$9.99
6					
3/2/20	Rebecca Silva 508 NW 109 St. mia FL 33168	campaign help	mon		\$25.00
7					
3/3/20	Facebook 1 Hacker Way Menlo Park, CA 94025	online ads	mon		\$25.00
8					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles W. Burkett

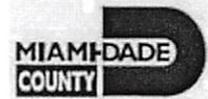
(2) I.D. Number _____

(3) Cover Period 2 / 21 / 20 through 3 / 5 / 20

(4) Page 2 of 2

(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
3/4/20	Color-Copies USA 140 NE 32nd Ct Ft. Lauderdale, FL 33334	Flyers	mon		\$465.45
9					
Pending 3/5/20	Facebook 1 Haxter way Menlo Park, CA 94025	Online ads	mon		\$50.00
10					
Pending 3/5/20	Go Daddy 1455 N. Hayden Rd #100 Scottsdale, AZ 85260	website and marketing tools	mon		\$30.99
11					
//					
//					
//					
//					
//					

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT
PAID CAMPAIGN WORKERS PARTICIPATING
IN ABSENTEE BALLOT ACTIVITIES SUMMARY



OFFICE USE ONLY

Name

Charles W. Burkett

I.D. Number

Address (number and street)

1332 Biscaya Dr.

City, State, Zip Code

Surfside, FL 33154

CHECK IF ADDRESS HAS CHANGED

MAR5 '20 12:09PM

Candidate for:

- Mayor
- Commissioner, District _____
- Property Appraiser
- Clerk of the Circuit Courts
- Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11 P1 Cover Period 2-21-20 through 3-5-20

Report Type Original Amendment

CERTIFICATION

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

I certify that I have examined this report and it is true, correct, and complete.

Charles W. Burkett
(Type name) Treasurer Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

Charles W. Burkett
(Type name) Candidate

X

Signature

Group M. B. B. H.

Group M. B. B. H.

