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	NOV 7 PM 4:16 9			
officer before opening the campaign account.	OFFICE USE ONLY			
1. CHECK APPROPRIATE BOX(ES): Initial Filing of Form Re-filing to Change:	reasurer/Deputy Depository Doffice Party			
2. Name of Candidate (in this order: First, Middle, Last) Charles W. Burkett 4. Telephone 5. E-mail address (305) 517 1175 Charles@burkettcompanies.co	3. Address (include post office box or street, city, state, zip code) 1332 Biscaya Drive Surfside, FL 33154 m			
6. Office sought (include district, circuit, group number) Mayor, Town of Surfside	7. If a candidate for a <u>nonpartisan</u> office, check if applicable: My intent is to run as a Write-In candidate.			
8. If a candidate for a <u>partisan</u> office, check block and fill Write-In No Party Affiliation	In name of party as applicable: My intent is to run as a Party candidate.			
9. I have appointed the following person to act as my	x Campaign Treasurer Deputy Treasurer			
10. Name of Treasurer or Deputy Treasurer Debovah B. Baker				
11. Mailing Address 10659 NE QUQY BUDGO	2 Ct. (305) 439-1400			
13. City 14. County MIZIM- 15. Sta MIAMI Dade FL	122 B 11 1/2 0/ 71 @ 0 M(1) G1/			
18. I have designated the following bank as my	Primary Depository Secondary Depository			
19. Name of Bank	20, Address			
21. Citv 22. County	23. State 24 7in Code			
	E FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND Y AND THAT THE FACTS STATED IN IT ARE TRUE.			
25. Date // />/) ?	26. Signature of Candidate			
27. Treasurer's Acceptance of Appointmen I, <u>DEDOVAH BAN</u> BAH (Please Print or Type Name)	t (fill in the blanks and check the appropriate block)			
designated above as: Campaign Treasure	The Deputy Treasurer. DUDDA Bari Balan Signature of Campaign Treasurer or Deputy Treasurer			

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.

OFFICE USE ONLY STATEMENT OF NOV 7 PM 4:16 CN CANDIDATE (Section 106.023, F.S.) (Please print or type) 1, Charles W. Burkel candidate for the office of have been provided access to read and understand the requirements of Chapter 106, Florida Statutes. Signature of Candidate 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	NOV 7 PM 4:16 9
(Section 106.021(1), F.S.) (PLEASE PRINT OR TYPE)	NOV 12 AM 11:18 JUN.
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)	3. Address (include post office box or street, city, state, zip code)
Charles W. Burkett	1332 Biscaya Drive
4. Telephone 5. E-mail address	Surfside, FL 33154
(305) 517 1175 Charles@burkettcompanies.c	com
6. Office sought (include district, circuit, group number)	7. If a candidate for a nonpartisan office, check if
Mayor, Town of Surfside	applicable:
	My intent is to run as a Write-In candidate.
8. If a candidate for a <u>partisan</u> office, check block and f	ill 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	X Campaign Treasurer Deputy Treasurer
10. Name of Treasurer or Deputy Treasurer Debovah B. Baver	
11. Mailing Address 10659 NE QUAY Bride	$\beta \beta + 12.$ Telephone
	of Ct. (305,439-1400
13. City 14. County MIZIM- 15. S MIAMI Dade F	L 33138 dbaker 0674@gmail.con
18. I have designated the following bank as my	Primary Depository Secondary Depository
19. Name of Bank Wartern Trust Bank	20. Address Bi, Hmore Way, Catter, #
21. City 22. County GORN Gables Dade	23. State 24 7in Code 33/34
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ T	THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND RY AND THAT THE FACTS STATED IN IT ARE TRUE,
25. Date /	26. Signature of Candidate
11/-/19	X
27. / Treasurer's Acceptance of Appointme	nt (fill in the blanks and check the appropriate block)
I, <u>Deborah Bari Ba</u> (Please Print or Type Name)	, do hereby accept the appointment
designated above as: X Campaign Treasur	rer Deputy Treasurer.
Nov. 7, 2019 X	Duborah Bari Baker
Date	Signature of Campaign Treasurer or Deputy Treasurer

1

DS-DE 9 (Rev. 10/10)

Rule 1S-2.0001, F.A.C.



TOWN OF SURFSIDE MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

NOV 21 AM11:42

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

Ch () Kuckett
I solemnly swear (or affirm) under oath, that my name is <u>Chaeles</u> W. Bueke H
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, Th
my occupation is <u>Investments</u> ; 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 or Commissioner) of the Town of Surfside, if elected.
Signature of Candidate <u>11/21/19</u> Date
Sworn to and subscribed before me this <u>al</u> day of <u>November</u> , 2019.
WENDY BECK MY COMMISSION # GG 060483
EXPIRES: May 6, 2021 Bonded Thru Notary Public Underwriters
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 AM11:42			
☐ Write-in candidate	OFFICE USE ONLY			
(Section 99.021(1)) I, <u>Chaeles</u> W. <u>Buckett</u> (Print name above as you wish it to appear on the ballot hyphen, check box []. (See page 2 - Compound Last	ate Oath (a), Florida Statutes) . If your last name consists of two or more names but has no Names). No change can be made after the end of qualifying. ballot, the name must be printed above for oath purposes.)			
am a candidate for the nonpartisan office of; I am a qualified elector of; (Group or Seat #)	Man: - Dade (District #) Man: - Dade County, Florida;			
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 y	our voter information card): 109173445			
	on the line below as you wish it to be pronounced on the audio ons on page 2 of this form): [Not applicable to write-in candidates.]			
	17-117 Chaeles Obuelco Hoon pannes Email Address Undfield Handless State 33/54 State ZIP Code Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below: WENDY BECK MY COMMISSION # GG 060483 EXPIRES: May 6, 2021 Borded Thru Notary Public Underwriters			

DS-DE 302NP (Rev. 11/17)

FORM 1		STATEN/	IENT OF		2018	
			IENT OF			
Please print or type your name, mailing address, agency name, and position bel		FINANCIAL	INTERESTS	`	FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MI Burkett, Charles William	DDLE NA	AME :				
MAILING ADDRESS :						
1332 Biscaya Drive						
CITY : Surfside	3315	Miami-Dad	e			
NAME OF AGENCY :					NOV 21 AM 11:42 &	
Town of Surfside NAME OF OFFICE OR POSITION	HELD O	R SOUGHT :			NUV ZI AMII.4Z	
Mayor						
You are not limited to the space on the						
CHECK ONLY IF 🗹 CANDIDAT	E OR			MAP IN 1971 TO DO TO DO TO DO		
	<u>TH</u> PA	ARTS OF THIS SECT	TION MUST BE CO	MPLET	ED ****	
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS Y	OUR FI	NANCIAL INTERESTS FOR 1	THE PRECEDING TAX YEA	R, WHETH	HER BASED ON A CALENDAR	
YEAR OR ON A FISCAL YEAR. EITHER (must check one):	PLEASE	E STATE BELOW WHETHER	THIS STATEMENT IS FOR	THE PRE	CEDING TAX YEAR ENDING	
DECEMBER 31	, 2018	OR D SPECI	FY TAX YEAR IF OTHER TH	AN THE C	ALENDAR YEAR:	
MANNER OF CALCULATING	REPOR	TABLE INTERESTS:				
FILERS HAVE THE OPTION OF CALCULATIONS, OR USING CO	JSING F	REPORTING THRESHOLDS 1	THAT ARE ABSOLUTE DOL ARE USUALLY BASED ON	LAR VALU	ES, WHICH REQUIRES FEWER	
for further details). CHECK THE	ONE YO	OU ARE USING (must check	one):		to.	
	: (PERC	ENTAGE) THRESHOLDS	<u>OR</u> D DOLL	AR VALU	JE THRESHOLDS	
PART A PRIMARY SOURCES O (If you have nothing to	F INCOM	IE [Major sources of income to write "none" or "n/a")	the reporting person - See ins	tructions]		
NAME OF SOURCE			JRCE'S	DE	SCRIPTION OF THE SOURCE'S	
OF INCOME			DRESS		RINCIPAL BUSINESS ACTIVITY	
Burkett Family (cont)						
Limited Partnership			Real E	I Estate Investments		
RentMiamiBeach, LLC		1332 Biscaya Drive,	Surfside FL 33154	Mortga	Mortgage lending	
			an a	March (March 200) and a star		
PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	s, and ot	her sources of income to busines	sses owned by the reporting pe	erson - See	instructions]	
NAME OF BUSINESS ENTITY		ME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
See Attachment A						
PART C REAL PROPERTY [Lan (If you have nothing to			n - See instructions]	FILIN	G INSTRUCTIONS for when	
	report, v	vine none of 11/a)		and w	where to file this form are and at the bottom of page 2.	
See Attachment B				INSTR	RUCTIONS on who must file	
this form and how to fill it out begin on page 3.						

10V 21 AM 11:43	40V	21	AM1	1:	43
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attitue

D

PART D - INTANGIBLE PERSONAL PROPERTY [Sto		ates of deposit, etc See inst	ructions]
(If you have nothing to report, write "non	e" or "n/a")		
TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES		
See Attachment C			
PART E — LIABILITIES [Major debts - See instruction	s]		
(If you have nothing to report, write "non	e" or "n/a")		
NAME OF CREDITOR		ADDRES	S OF CREDITOR
n/a			
			er de l'estat de la construction de
PART F — INTERESTS IN SPECIFIED BUSINESSES	Ownershin or posi	tions in certain types of busi	inesses - See instructions]
(If you have nothing to report, write "none"	' or "n/a")		
NAME OF BUSINESS ENTITY	RentMiamiBe	ess entity # 1	BUSINESS ENTITY # 2
		rive, Surfside FL 33154	
ADDRESS OF BUSINESS ENTITY PRINCIPAL BUSINESS ACTIVITY	Small loan c		
POSITION HELD WITH ENTITY	Owner	empany	
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST	Member shares		
NATURE OF MIT OWNERSHIP INTEREST		103	
PART G — TRAINING For elected municipal officers required to complete an	inual ethics training	pursuant to section 112 3142	FS
the set			
	HAVE COM	LETED THE REQU	DIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE	E CONTINUED	ON A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FILE	R:	CPA or ATTO	DRNEY SIGNATURE ONLY
			untant licensed under Chapter 473, or attorney
Signature		in good standing with th she must complete the	e Florida Bar prepared this form for you, he or following statement:
N		I,	, prepared the CE
			vith Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the
		disclosure herein is true	
Date Signed:		CPA/Attorney Signature	
11/20/2019		or Automey orginature	
		Date Signed:	
FILING INSTRUCTIONS:			
If you were mailed the form by the Commission on E	thics or a County	Candidates file this form	together with their filing papers.
Supervisor of Elections for your annual disclosure form to that location. To determine what category y			ECESSARY: A candidate who files a Form
under, see page 3 of instructions.	•	or Supervisor of Election	is not required to file with the Commission s.
Local officers/employees file with the Supervision of the county in which they permanently reside.	(If you do not		r, each local officer/employee, state officer,
permanently reside in Florida, file with the Supervision where your agency has its headquarters.) Form 1 fit	sor of the county	date of his or her appoin	ployee must file <i>within 30 days</i> of the attent or of the beginning of employment.
the Supervisor of Elections may file by mail or em Supervisor of Elections for the mailing address or	ail. Contact your	Appointees who must be confirmation, even if that appointment	confirmed by the Senate must file prior to is less than 30 days from the date of their

appointment.

Candidates must file at the same time they file their qualifying papers. State officers or specified state employees who file with the 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 meil and email. Change and the completed form for any completed form and any attachments and point of the format.

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 <u>not</u> relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2018.

be accepted via email.

returned.

use. Do not email your form to the Commission on Ethics, it will be

both mail and email. Choose only one filing method. Form 6s will not

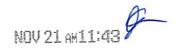
CE FORM 1 - Effective: January 1, 2019. Incorporated by reference in Rule 34-8.202(1), F.A.C.

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

NOV 21 AM 12 YOM

ATTACHMENT A. SECONDARY SOURCES OF INCOME

Attachment B. Financial disclosure



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

Attachment C. Financial disclosure



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.

**	For unredacted version, please contact the Town Clerks Office	e** **Web Version Only**	
	YOU MUST BE A REGISTERED VOTER OF THE TOWN O		
	PLEASE SIGN AND PRINT YOUR N	. 0	
	NOMINATING PETITION FOR MAYO		
(TOWN OF SURFSIDE, I	() () Kuovett	
fr	We the undersigned electors of the Town of Surfside, Florida, herebring the office of Mayor or Co	ommissioner) at an election to be held on March	
	7, 2020. This petition must be filed with the Town Clerk between November 1,	NUV 21 AM11:43 2019 and November 22, 2019 (by 12:00pm).	
s	gnature: Date:	11719 D.O.B.	
Р	int Name: Can to Carot aved Address:		Ņ
s	gnature: Date: _	<u>//-/フ-/9</u> D.O.B.	
Ρ	int Name: Raty 19 Leron O Address:		
s	gnature: Magain Date: Date:	<u>11-17-19</u> D.O.B.	
Р	int Name: ROBERS MAZUI Jer Address:		
S	gnature:	[] []/] D.O.B.	
P	int Name Sa AATHAN DOILOUKUFL Address:	/// 17// 9 р.о.в.	
1	ignature: Date: /	////// р.о.в.	
	rint Name: Sow 4 DNN (Address:		
1	gnature: Date:	D.O.B	
	rint Name: Address:		
1	gnature: Date:	D.O.B	
· · · ·	rint Name:Address:	D.O.B.	
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1		D.O.B.	
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:		D.O.B	
9		D.O.B	
s		D.O.B	
1	rint Name: Address:		
S	ignature: Date: _	D.O.B	
1	rint Name: Address:		
	STATEMENT OF CIRCUL	ATOP	
~	he undersigned is the circulator of the foregoing paper containing		
tł	ereto was made in my presence and is the genuine signature of the pe	erson whose name it purports to be.	
	ignature of Circulator:		
	ddress of Circulator: 565 nw 109 st miami	王	
E	mail address of Circulator: recercasil 80 gmail. com	IATION	
I	hereby accept the nomination of <u>May M</u>	(Mayor or Commissioner) and agree to	
S	ignature of Candidate:	Dale:///9//9	
		/ '	

** For unredacted version, please contact the Town Clerks Office**	**Web Version Only**
YOU MUST BE A REGISTERED VOTER OF THE TOWN OF S	
PLEASE SIGN AND PRINT YOUR NAM	TE CLEARLY 29/
NOMINATING PETITION FOR MAYOR	
589.	
TOWN OF SURFSIDE, FL	ORIDA
We the undersigned electors of the Town of Surfside, Florida, hereby r	nominate Charles W. Burkett
	nissioner) at an election to be held on March
17, 2020.	NOV 21 AM11:43
This petition must be filed with the rown Clerk between November 1, 201	
1 APAL	
Signature: Jud Juda Umprich Date: NOV	132019 р.о.в.
Print Name: LINDA RINALD ; ANNUNZIGHA Address:	
Signature: Addition Date: 11	3 2019 D.O.B.
Print Name: Charlote al-Sahlil Address:	
Signature: Osthet Coben Date: 1/1	3 2019. D.O.B.
Print Name: ETColog Ma Address:	
Signature: Date: Th	14-19 D.O.B.
Print Name: Sau Koser Address:	
Signature: 7-0 anship Date: ++	-1479 BOB
Print Name: 5 dusid ansion Address:	
Signature: Date: >1	1 14 19 D.O.B.
Print Name: Address:	
Signature: Date:	LATER DUE MARKES
Print Name: Address:	
Signature: Date: 11	14/15 D.O.B.
Print Name: MARKIN DOLLA Address:	1 (1 (D.O.D. 1))))))))))))))))))
	+ 2019 D.O.B.
	HUT DOB
	<u>Н 19</u> D.O.B.
Print Name: Laverner N - Brown Address:	
Signature: Date: 11/2	14/19 D.O.B.
Print Name: HAN HVB/N Address:	
	[14 Rolg D.O.B.
Print Name: LUCIA DIAS Schlesser Address:	
Signature: Basilier Date: ///	4/ 2014 D.O.B.
Print Name: Barbara Wall Address:	
STATEMENT OF CIRCULATO	R
The undersigned is the circulator of the foregoing paper containing	
thereto was made in my presence and is the genuine signature of the persor	signatures. Each signature appended whose name it purports to be.
K/	
Signature of Circulator:	r & side, 72 33154
	<u>rdide, (12313</u>)
Email address of Circulator: Charles & bucke Hcomban -	S.C. STA
I hereby accept the nomination of Mayor	(Mayor or Commissioner) and agree to
serve if elected.	
Signature of Candidate:	Date: 1/17/18
#C	

** For unredacted version, please contact the Town Clerks Office**	**Web Version Only**
YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIE PLEASE SIGN AND PRINT YOUR NAME CLEA	
NOMINATING PETITION FOR MAYOR OR CO	
TOWN OF SURFSIDE, FLORID	A NOV 21 AM 11:44 9-
We the undersigned electors of the Town of Surfside, Florida, hereby nominate for the office of <u>MGYAR</u> (Mayor or Commissione) 17, 2020.	r) at an election to be held on March
This petition must be filed with the Town Clerk between November 1, 2019 and No	ovember 22, 2019 (by 12:00pm).
Signature: Date: /////	©_D.O.B
Print Name: PIETER BAKKER Address:	
Signature: Date: Date:	D.O.B.
Print Name: R. CESAR IZAWRLALDE Address:	
Signature: And Trink Others: \$178	5 Dod
Print Name: David Januarott Address:	
Signature: Date: 11/16/1	D .O.B.
Print Name: KSentyn Smychouskyn Address:	
Signature: Date: IL Nor 2.11	D.O.B.
Print Name:	
Signature: Rim Haufulk Date: 19	D.O.B.
Print Name: Kin Hynchuk Address:	
Date: 11/16/19	D.O.B.
Print Name: Daniel 1154501770 Address:	and the second se
Signature: Date: 11/16/19	D.O.B
Print Name: KARL GRUEN Address:	
Signature: Date: _////6/19	9_ D.O.B
Print Name: Oscan A. CHAUEL BATTA Address:	
Signature: Date: 11 16 19	D.O.B.
Print Name: Vietoro Soure Address:	
Signature: Date:	D.O.B. 32073
Print Name: Address: Address: Address:	HE-AU
Signature: Date: 111619	D.O.B.
Print Name: Kristen Jones Address:	
Signature: Date:	D.O.B.
Print Name: Address:	
STATEMENT OF CIRCULATOR	
	ures. 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:	
ddress of Circulator 1332 Biscar Drive, Subside	72 37137
Email address of Circulator: Cheeles @ bue katte or manies. Com	×
I hereby accept the nomination of <u>Mayor</u> (serve if elected.	Mayor or Commissioner) and agree to
Signature of Candidate:	_ Date: 1//16/19_
11	

** For unredacted version, please conta	act the Town Clerks Office** **Web V	Version Only**
	RED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PR ASE SIGN AND PRINT YOUR NAME CLEARLY	TITION YJXN
NOMINATING F	PETITION FOR MAYOR OR COMMISSIONER	
T		AM11:44
	Town of Surfside, Florida, hereby nominate $(harley)$ (Mayor or Commissioner) at an election to be	held on March
This petition most be filed with the	e Town Clerk between November 1, 2019 and November 22, 2019 (by 1	2:00pm).
Signature:	Date: 1// 15/19 D.O.B.	
Print Name: Pre-1 6lasse		5
Signature:	Date: 03-15- D.O.B.1999	
Print Name: Jugan T. 54	Address: 2016 Dickers	
Signature:	Date: 11-15-19 D.O.B.	
Print Name: Julio J. BALA	Address:	
Signature:	Date: <u>//-15.19</u> D.O.B.	
Print Name: Eggs Ku	com/ce Address:	F.
Signature:	Date: <u>////6//9</u> D.O.B.	
Print Name: Maribe 50		
	Date: 11/14/14 D.O.B.	And a stand to be a strength of the strength o
Print Name: Magna Cleu	adveakes Address:	tourner and the second
Signature:	Date:D.O.B	
	Address:	
Signature:	Date: <u>//-/6 - /5</u> D.O.B.	
m. M.	pL 2+ (G Address:	
Signature: Manage	nel Date: 11/16/19 D.O.B.	China and
	Address:	
Print Name: MAURILIS RODRIG	Date: <u>j11619</u> D.O.B	and the second second second
~ 2		
Print Name: Daryle, Prago	Date: <u>1/ (b(.9</u> D.O.B	
Signature:	Date: D.O.B.	
Print Name:	Address:	
Signature:	Date: D.O.B.	
Print Name:	Address:	
		annanananan annananan annanan an an an a
The undersigned is the circulator of the for thereto was made in my presence and is Signature of Circulator:	STATEMENT OF CIRCULATOR oregoing paper containing <u>1</u> D signatures. Each signature the genuine signature of the person whose name it purports to b	
12. 0	icane Drive Swefel 71 72154	
Email address of Circulator:	O bucketticompanies.com	
· ()	ACCEPTANCE OF NOMINATION	
I hereby accept the nomination of serve if elected.	Mayor or Commissio	oner) and agree to
Signature of Candidate:	Date: ////6//	ſ

/ /

PLEASE SIGN AND	OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION D PRINT YOUR NAME CLEARLY	
NOMINATING PETITION	FOR MAYOR OR COMMISSIONER	
TOWN OF S	SURFSIDE, FLORIDA	
We the undersigned electors of the Town of Surfsi for the office of \underline{MGYAR} 17, 2020.	side, Florida, hereby nominate <u>Charles</u> <u>Wa</u> <u>Dur</u> Kett (Mayor or Commissioner) at an election to be held on March NOV 21 AM 11:44	
This petition must be filed with the Town Clerk bet	elween November 1, 2019 and November 22, 2019 (by 12:00pm).	
Signature: Jul Autom Do	Date: <u>4/14/19</u> D.O.B.	
Print Name: DAX 3ACOBSEN	Address:	
Signature:	Date: 11/15/19 D.O.B.	
Print Name: Charles Buckett	Address:	
Signature: Park UN. Dil	Date: 11/16/19 D.O.B.	
Print Name: RANDI MACBRIDE	Address:	
Signature:	Date: D.O.B	
Print Name: Mara Auiver	Address:	
Signature:	Date: 11/16/19 D.O.B.	
Print Name: HMES MACKEN21E	Address:	
Signature:	Date: 11-16-19 D.O.B.	
Print Name: MANUELA MACKENZIE		
Signature: MAN	Date:D.O.B	
Print Name: MEL Schlessen	Address:	
Signature: Carris Chare	Date: (1-16-19 D.O.B.	
Print Name: ELANU GARARI	Address:	
Signature:	Date: 11-16-19 D.O.B.	
Print Name: Druge HARSe	Address:	
Signature:	Date: 11.16.19 D.O.B.	
Print Name: FRED LANDSAD	Address:	
Signature:	Date: 111619 D.O.B.	
Print Name: FLANA K Salzhavec	Address:	/
Signature: But Cu	Date: _// /(c/.f9D.O.B	-
Print Name: Ben Acguario	Address: Date: D.O.B.	7
Signature:	_ Date: D.O.B Address:	
Print Name:		
STATEME	ENT OF CIRCULATOR	
The undersigned is the circulator of the foregoing pape thereto was made in my presence and is the denuine since and the den	er containing signatures. Each signature appended signature of the person whose name it purports to be.	
Signature of Circulator:	Lawrence II	
ddress of Circulator:	Kattonpinics com	
I hereby accept the nomination of Mayon serve if elected.	ANCE OF NOMINATION Charles & buckets companies, ro (Mayor or commissioner) and agree to	, 10
Signature of Candidate:	Date: 11/16/19	
// -		

** For unredacted version, please contact the Town (Clerks Office**	**Web Version Only**
YOU MUST BE A REGISTERED VOTER OF PLEASE SIGN AND I	THE TOWN OF SURFSI	ARLY
NOMINATING PETITION F	OR MAYOR OR C	OMMISSIONER 69/
TOWN OF SI	URFSIDE, FLORID	A OL 12 R With
We the undersigned electors of the Town of Surfside for the office of $MGYOR$		e Charles W. Durkett er) at an election to be held on March
17, 2020.	_ ()	NOV 21 AM11:44
This petition must be filed with the Town Clerk betw	een November 1, 2019 and N	
Signature:	Date: /// 17//.	9 _ D.O.B.
Print Name: Dary I, B Wall	Address:	
Signature: Alex Suredrol	Date: 11/14/14	D.O.B.
Print Name: ROBERT SWEETDOE	Address:	
Signature: Signa K. Augere	Date: 16/19	D.O.B.
Print Name: Rita R. Sucoline	Address:	
Signature:		19 D.O.B.
	Address:	
Signature:		17 D.O.B.
	Address:	
De la Price		
Signature: Auno Maria		<u> </u>
Print Name Dans M. Cocpo RH	Address:	and an
ailSignature:	Date:	D.O.B.
Print Name: Pat Pazmino	Address:	and a second
Signature: //h. //	Date: 11-17 -	<u>F</u> D.O.B. 1
Print Name: Merre Benjumin	Address:	
Signature:	Date: 11.12.14	D.O.B.
Print Name: CARico PINO	Address:	and the second
Signature: Makie Cuba	Date: ///17/	/1 D.O.B.
Print Name: Maria Cuhas	Address:	· · · · · · · · · · · · · · · · · · ·
Signature:	Date: /1/17/	DOB 4/13/39
Print Name: Ramiro Cabas	Address:	
Signature: Row Ong	Date: 11/17/	/9 D.O.B.
Print Name: Ramitel Carbas	Address:	and the second se
Signature:	Date: 11/12	19 D.O.B.
Print Name: (Durthana/ Landsman	Address:	
STATEMEN	IT OF CIRCULATOR	
The undersigned is the circulator of the foregoing paper of		tures. Each signature appended
thereto was made in my presence and is the genuine sign \mathbf{k}	nature of the person whose	e name il purports to be.
Signature of Circulator:		
ddress of Circulator / 1332 Biscon Dree	Sindside Th	
Email address of Circulator: Charles Oburke	Hemparies. Co	\sim
	CE OF NOMINATION	
I hereby accept the nomination of <u>Maym</u>		(Mayor or Commissioner) and agree to
h .		11/17/19
Signature of Candidate:		Date:///////

** For unredacted version, please contact the Town	n Clerks Office**	**Web Version Only**
YOU MUST BE A REGISTERED VOTER O PLEASE SIGN AND	OF THE TOWN OF SURF D PRINT YOUR NAME CI	
NOMINATING PETITION	FOR MAYOR OR	COMMISSIONER /
	SURFSIDE, FLOR	OI () K alight
We the undersigned electors of the Town of Surfs for the office of \underline{MGYGR} 17, 2020.	ide, Florida, hereby nomir (Mayor or Commissio	nate <u>Charles</u> Wo <u>Dar</u> Kern oner) at an election to be held on March NOV 21 AM11:44
This petition must be filed with the Town Clerk be	lween November 1, 2019 and	
Signature:	Date: <u>11 - 13</u> -	2019 D.O.B.
Print Name: Steven KRAM	Address:	
Signature: (Bandrana 9) Kham	Date: 1113	
Print Name: (Barbara G. Kram	Address:	
Signature:	77	119 D.O.B.
Print Name: Robert Fram /	Address:	
AI AI	Date: #1/17/	19 D.O.B.
Signature: Cland Hart	Dit	19 0.0.0.
Print Name: (20141) FIENKS	Address:	
Signature:	_ Date: ////フ/	[1D.O.B
Print Name: Pap / a Waldaultz	Address:	
Signature:	_ Date:	<u>/19</u> D.O.B.
Print Name: Richard UBan	Address:	
Signature:	Date:	D.O.B
[′] ,Print Name:	Address:	าการการการการการการการการการการการการการ
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:	
Print Name:	Address:	
Signature:	Date:	D.O.B.
Print Name:	Address:	
Signature:	Date:	D.O.B.
	- Addross:	
Print Name:	AUUIE55.	
STATEM	ENT OF CIRCULATOR	
The undersigned is the circulator of the foregoing pape	er containing sig	gnatures. Each signature appended
thereto was made in my presence and is the genuine s	signature of the person wh	nose name it purports to be.
Signature of Circulator: (Barbara 2)	yan	
ddress of Circulator: 8844 266-4 Au	e Surfade FL	33154
	how.com	
	ANCE OF NOMINATION	
I hereby accept the nomination of		(Mayor or Commissioner) and agree to
serve if elected.		1 4/10
Signature of Candidate:		Date://////

*	* For unredacted version, please contact the Town C	Clerks Office	**	**Web V	version Only**
	YOU MUST BE A REGISTERED VOTER OF PLEASE SIGN AND P				· •
	NOMINATING PETITION FO	OR MAYO	R OR COM	MISSIONER	8 of \$10
f.	TOWN OF SL	JRFSIDE,	FLORIDA	\sim 1	2 R luff
	We the undersigned electors of the Town of Surfside for the of <u>MGY GR</u> 17, 2020. This petition must be filed with the Town Clerk betwee	_ (Mayor or C	ommissioner) at	an election to be NOV 21 A NDV 21 A	M11:44
	Signature:	Date:	11/16/18	D.O.B.	7
	Print Name: JAV; E/2 E/1242206	Address:	(The second seco		
	Signature:	Date:	11/16/19	D.O.B.	
	Print Name: MARIA C. DATORRE	Address:			
	Signature: Junt m	Date:	11/14/19	D.O.B.	7
	Print Name: JOSH, HERMAN	Address:	Contraction of the second s		
	Signature:	Date:	11/6/19	D.Q.B.	
	Print Name: USG Herman	Address:			
	Signature:	Date:	11/14/19	D.O.B.	
	Print Name. NAMEANA ALEVENO	Address:			-
	Signature:	Date:	11/17/2019	D.φ.В.	
	Print Name: KENT AGUERO	Address:			
6 ¹⁹	Signature: AAA	Date:	11-17-19	D.O.B.	
	Print Name: MARIA SOCARRAS	Address:			
	Signature:	Date:	11/17/14	D.O.B.	
	Print Name: RABLIEZ SUCATLAS	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:	าพากอานักสามากการการการการการการการการการการการการกา		
	Signature:			D.O.B	
	Print Name: Signature:	Address: Date:		D.O.B.	
	Print Name:	Address:		D.O.B	
		Addless.			
	STATEMEN' The undersigned is the circulator of the foregoing paper c thereto was made in my presence and is the genuine sign		signature:	s. Each signature me it purports to b	
- 10-20-	Signature of Circulator:			1 -	821-1
Per		treet	, 56 Vf3	side FC	154
	Email address of Circulator: <u>b+acguart</u> ACCEPTANC	CE OF NOMIN	ATION	C OVA	
	I hereby accept the nomination of <u>Mayn</u> serve if elected.			ayor or Commissio	ner) and agree to
	Signature of Candidate:		C	Date: 11/19/19	3
	//			• •	

** For unredacted version, please contact the Town YOU MUST BE A REGISTERED VOTER OF PLEASE SIGN AND NOMINATING PETITION F	PRINT YOUR NAME CLE	ARLY 9 J XN
		v
	URFSIDE, FLORID	$C \mid C \mid$
We the undersigned electors of the Town of Surfsid for the office of OR 17, 2020.		e <u>Charles</u> W. Duelle V) er) at an election to be held on March NOV 21 AM 11:44
This petition must be filed with the Town Clerk betw	veen November 1, 2019 and N	
Alt		·
Signature:	Date: ////7/	<u>19 р.о.в.</u>
Print Name: Diaka Ganzalez	Address:	
Signature:	Date: 11-17-19	D.O.B.
Print Name: Rocio HUAFEZ	Address	
Signature:	Date: 11-12-19	D.O.B.
Print Name: Hethqudo Alogtez	Address	
Signature: Howard Terunulle	Date: 111110	D.O.B
Print Name: PATEICIA FERNADEZ	Address:	and another many properties and the second second
Signature: remela Olfagan.	Date: Nov.17 2	D.O.B.
Print Name: PAMELA O'HAGAN	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:		
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:	
The undersigned is the circulator of the foregoing paper of thereto was made in my presence and is the genuine signature of Circulator:		i tures. Each signature appended e name it purports to be.
Address of Circulator: (33) BISCA	the prive sur	
	CE OF NOMINATION	
I hereby accept the nomination of <u>Mayor</u> serve if elected.		(Mayor or Commissioner) and agree to

		1	
Date:	11	12	119
			7

Signature of Candidate:

1

(

We the undersigned electors of the Town of Surfsigned electors of the Town of Surfsign	URFSIDE, FLOR	RIDA	1
r the office of	de, Florida, hereby nom		LH
r the office of		inate Charles W. Bu	RLEI
7, 2020.	(Mayor or Commiss	ioner) at an election to be held on Marc	n
		NOV 21 AM 11:44 @	
This petition must be filed with the Town Clerk betw	ween November 1, 2019 a	nd November 22, 2019 (by 12:00pm).	
ignature: Sherne Palling	Date: 11/2	0 /19 D.O.B.	
rint Name: SMERYE GOLDFERE	Address:		
ignature:	Date: <u> /24</u>	0/19_D.O.B.	
rint Name: VI CARLO MAY	Address:		
ignature:	Date: []-20	-/9_D.O.B	
rint Name: CFriedel Aray2	Address:	10 South and the second south of the	
ignature:	Date: 11.20	<u>у-/7 D.O.B</u>	
rint Name: Charles Kest	Address:		
ignature:	Date:	́D.O.B	-
rint Name:	Address:		
ignature:	Date:	D.O.B	-
rint Name:	Address:		 .
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ignature:	Date:	D.O.B	-
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rint Name:	Address:		
ignature:	•	D.O.B	-
rint Name:			
ignature:		D.O.B	-
	Address:		:

	1 /
Signature of Candidate:	IX

DEPOSITORY (Section 1	TION OF CAMPAIGI FOR CANDIDATES 06.021(1), F.S.) PRINT OR TYPE)	N		NOV 22	2 AM11:43
officer before opening th	e campaign account.	laniying			OFFICE USE ONLY
1. CHECK APPROPRIATE	Re-filing to Chang		easurer/Deputy	Depository	Office Darty
 Name of Candidate (in Charles W. Burkett Telephone 	5. E-mail address		code) 1332 Biscaya Surfside, FL 3		street, city, state, zip
(305) 517-1175	charles@burkettcor	mpanies (ì		
6. Office sought (include o Mayor	district, circuit, group nur	nber)	7. If a can applica	ble:	isan office, check if as a Write-In candidate.
8. If a candidate for a <u>part</u>	tisan office, check bloc Party Affiliation	k and fill i 	n name of party as	••	ent is to run as a arty candidate.
9. I have appointed the fo 10. Name of Treasurer or D Charles W. Burkett 11. Mailing Address		as my [Campaign Trea	asurer 🗙 Depu 12. Tele	ty Treasurer phone
1332 Biscaya Drive			1) 517-1175
13. City Surfside	14. County Miami Dade	15. State FL	e 16. Zip Code 33154	17. E-mail address charles@burkett	companies.com
18. I have designated the	following bank as my	\times	Primary Deposito	ory 🗌 Seconda	ary Depository
19. Name of Bank Northern Trust Bank	2		20. Address 95 Biltmore Wa	4	. Same
21. City Coral Gables	22. County Miami Dade	1	23. State FL		24. Zip Code 33134
UNDER PENALTIES OF PERJU DESI	RY, I DECLARE THAT I HAVI GNATION OF CAMPAIGN DI	E READ THE EPOSITORY /	FOREGOING FORM FO	OR APPOINTMENT OF CA	MPAIGN TREASURER AND
25. Date 11/22/19	a.		26. Signature of Car X	ndidate	
27. / Treasure	er's Acceptance of App	ointment (fill in the blanks and	I check the appropria	te block)
l,	Charles W. Bur (Please Print or Type			, do hereby accer	ot the appointment
designated above as: $\frac{1}{22}$	Campaign		Deputy Tr	easurer.	
Date	9	1/6	Signature of Campa	ign Treasurer of Depu	uty Treasurer
DS-DE 9 (Rev. 10/10)	6	/			Rule 15-2.0001, F.A.C.



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,

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 <u>25</u> signatures submitted by <u>Charles W. Burkett</u> for the office of <u>Mayor</u> for the <u>Town of Surfside</u> 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

Christina White Supervisor of Elections



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,

Sandra Novoa, MMC Town Clerk

CAMPAIGN TREASURE	R'S REPORT SUMMARY				
(1) Charles W. Burkett	OFFICE USE ONLY				
Name (2) 1332 Biscaya Drive					
Address (number and street) Surfside, FL 33154	DEC2 '19 18:26AM				
City, State, Zip Code					
Check here if address has changed	(3) ID Number:				
(4) Check appropriate box(es):					
(5) Report	Identifiers				
	$\frac{11}{20} / \frac{19}{19}$ Report Type: $\frac{20(9M)}{200}$				
(6) Contributions This Report	(7) Expenditures This Report				
Cash & Checks \$,,,	Monetary Expenditures \$,, 9995				
Loans \$, <u>10</u> , <u>000</u> . <u>~</u>	Transfers to Office Account \$,,,				
Total Monetary \$	Total Monetary \$,, <u>99</u> . <u>45</u>				
	(8) Other Distributions \$,,,				
(9) TOTAL Monetary Contributions To Date \$,(), _00000	(10) TOTAL Monetary Expenditures To Date \$,,9995				
	tification on 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 (Type name) Charles W. Burkett					
☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer or electioneering comm.)	Candidate Chairperson (only for PC and PTY)				
× Dullolah Balar	×				
Signature	Signature				
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS				

	- CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS						
(1) Name	Charles L	U	BUKE	(2)	I.D. Number	0 <u>2 '19 18</u> :	26AM GXM
(3) Cover Period	(3) Cover Period 1 / 1 / 19 through 1 / 30 / 19 (4) Page 1 of 1						
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
11,15,19	Chanles W. Burkett 133 à Biscaya Dr. surfside, FL 33154		Investor	LOA	n /A	n/r 1	\$10,000 ^{.er}
1 1							
1 1							
1 1							
1 1	-						
1 1							
DS-DE 13 (Rev. 11/	40)	OFF DE	VEDRE FOR	NETRUCTIONS	S AND CODE VAL	LIEC	

t

DEC2 '19 10:26AM GUN

(1) Name Charl	CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Charles W. Burkett (2) I.D. Number							
(3) Cover Perio	d 11 / / /] 9 through 11 /	30,19 (4	1) Page	of				
(5)	(7)	(8)	(9)	(10)	(11)			
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount			
11 <u>/2)/)9</u>)	Town of Surfsvale 9293 Harding Ave Surfside, FL 3354	Qualifying Fee	Mon	n/A	25-			
11/25/19 D	Northern Trust Bank 50 south LaSallest Chicago, 1260675	campaisn account checks	Mor	n A	74,45			
//								
//								
/ /								
/ /								
/ /								

DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

PAID CAMPAIGN WO	ELECTIONS DEPARTMENT RKERS PARTICIPATING T ACTIVITIES SUMMARY
Name Charles W. Burket I.D. Number	OFFICE USE ONLY
Address (number and street) 1332 Discaya Drive City, State, Zip Code Surfride H. 33157 CHECK IF ADDRESS HAS CHANGED	DEC2 '19 10:26AM
Candidate for:	
Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area, Su	b-Area
Report Name <u>40177411</u> Cover Period Report Type Briginal Amendment	1 1 30 30 30 90 9
	ICATION on 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. Buckett (Type name) Treasurer Deputy Treasurer	I certify that I have examined this report and it is true, correct, and complete. (Type name)
X Signature	X Signature

DEC2 '19 10:268

MIAMHDADE

COUNT

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	Charles W. B	well	(2) I.D. Number
(3) Report	Name 2019 M11	(4) Cover Period	1119 through 11 30 19
	Type 🖾 Original 🛛 Amendment		
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) (11) Name of Organization Employed By Amendmer (if not directly hired by campaign) Type
NA	N/A	NA	N/A N/A
		/	
			×
-			

	R'S REPORT SUMMARY
(1) Charles W. Burkett	OFFICE USE ONLY
Name (2) 1332 Biscaya Drive	- JBN2 '29 1000
Address (number and street)	TOUN OF SURFISHE
Surfside, FL 33154	
City, State, Zip Code	(3) ID Number:
(4) Check appropriate box(es):	
 Candidate Office Sought: Mayok □ 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
	<u>1</u> 2 / <u>31</u> / <u>19</u> Report Type: <u>2019 M12</u> ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report Monetary
Cash & Checks \$, , _O · _O	Expenditures \$,, <u>0</u> · <u>00</u>
Loans \$, <u></u> 、 <u>こ</u> の	Transfers to Office Account \$,, OO
Total Monetary \$, OO In-Kind \$, \$ \$	Total Monetary \$,, <u>O</u> · <u>SO</u>
In-Kind \$,, <u></u> O	(8) Other Distributions
C	\$,, <u>O</u> . <u>OO</u>
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$, 10, 000. <	\$,, 99.45
	tification
	son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, com	(Type name) Charles W. Burkett
(Type name) Deborah B. Baker	(Type name) Charles VV. Durkett
x DUUDIAN B. BAUL	x
Signature	Signature
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

a F.

* *	2:							- 19 (5, per
		AMPAIGN TREASUF					1 0NS /KFS	14PM
		12,01,19						
	(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Сс Туре	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
	, n/A, n/a	n/A	n/A	n (A	nla	nla	n/n	n/A
	1 1							
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DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

				JAN2 '20 1	2:14PM
	CAMPAIGN TREASURER'S RE	PORT – ITEMIZED	EXPENDIT	URES	
(1) Name			2) I.D. Number		
(3) Cover Perio	d 12/01 / 19 through 12 /	31,19 (4	I) Page	of	1
(5)	(7)	(8)	(9)	(10)	(11)
Date	Full Name (Last, Suffix, First, Middle)	Purpose (add office sought if			
(6) Sequence	Street Address &	contribution to a	Expenditure Type		
Number	City, State, Zip Code	candidate)	Type	Amendment	Amount
NIA					
	ALN	NIA	N/A	1	. 10
110			1.1.1.1	N/A	N/A
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11					

TOWN OF SURFSIDE

à 1 13

MIAMI-DADE COUNTY ELEC PAID CAMPAIGN WORKEI IN ABSENTEE BALLOT AC	RS PARTICIPATING MIAMIDADE
Name harles W. Burkett	OFFICE USE ONLY
I.D. Number	TOUR OF CURTER
	TOWN OF SURFSIDE
Address (number and street) 1332 Biscaya Drive	JAN2 20 12:14PM
City, State, Zip Code Sulfind JL ZJIJY	
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area, Sub-Ar	ea
REPORT IDENTIF	FIERS
Report Name 2019 MIZ Cover Period	12/1/19_through_12/21/18_
Report Type	
CERTIFICA	
correct, and complete.	to falsify a public record (ss. 839.13, F.S.) ertify that I have examined this report and it is true, rrect, and complete. Charles W - Buck H (pe name)
X Signature	X Signature
V	

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner,

(1) Name	Charley W. Bu	rleft	JAN2 '20 11 (2) I.D. Number	2=14PM
(3) Report I	Name 2019 112	(4) Cover Period	JAN2 '20 12 (2) I.D. Number 12/1/19 through 12/	21/19
	Type Priginal DAmendment		of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
Nh	NJS	NA	NS	NA
/			~	

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CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Charles W. Burkett	OFFICE USE ONLY
Name (2) 1332 Biscaya Drive Address (number and street)	TOWN OF SURFSIDE
Surfside, FL 33154	FEB7 '20 11:01AM
City, State, Zip Code	SIA
Check here if address has changed	(3) ID Number:
 (4) Check appropriate box(es): □ Candidate Office Sought:	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 2030
Cover Period: From I	
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,, <u>o</u> . <u>oo</u>	Monetary Expenditures \$,, <u>594</u> .73
Loans \$,, <u>O</u> <u>OO</u>	Transfers to Office Account \$,,,
Total Monetary \$	Total Monetary \$,, <u>594</u> · <u>1 3</u>
	(8) Other Distributions \$,,,
(9) TOTAL Monetary Contributions To Date \$, <u>10</u> , <u>100</u> , <u>00</u>	(10) TOTAL Monetary Expenditures To Date \$,,,
	tification on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, corr	
_(Type name) Deborah B. Baker	(Type name) Charles W. Burkett
Individual (only for IE or electioneering comm.) X DUDUUM B BAUM	Candidate Chairperson (only for PC and PTY)
Signature	Signature
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

							-5 IDE 1401AM S A
(1) Name	Charles W. Bi	JCKQ	1++	(2)	I.D. Number		Tarrens .
(3) Cover Period	1/1/30	throu	gh <u>\</u> /	31/20	<u>)</u> (4) Page		of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1 120	Charles W. Burkett 1333 Biscaya Dr.		Tracstor	INK	Monate mailing 1+s+ to	NIA	89.100.01
1	Sunfside, FL 33154				campaign		
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1 1							
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							1
1 1							
7							

TOWN OF SURFSIDE

FF87 '20 11:019M CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name Chorles W. Burkett (2) I.D. Number (3) Cover Period <u>1 / 1 / 30</u> through <u>1 / 31 / 30</u> (4) Page) of (7) (9) (10) (11)(8) (5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence Type City, State, Zip Code candidate) Amendment Amount Number website and 00.06 2 Go Daddy. com mon 6/20 monketing 14455 N. Hayden Rd. 21004 # 100 1 Scottedale, AZ 85260 Go Daddy.com webs, te and \$ 24.13 mon markenna 14455 N. Mayden Ad. 1/6/20 tools 1001 # Scottsdale, AZ 2 85260 GO Laddy, com 14455 N. Haydon, Rd. webs, te and \$14.99 marketing 1/8/20 mon Scottschle, AZ tools 85260 3 Mami-Dade Electrone mailing 00.06 @ Dept. mon 1/9/20 1154 2700 NW 87 AVE. Mrami, FL 33172. 4 website and \$6.14 Go Daddy . com mon 14455 N. Mayden Rd. marketing 122/20 #100 tools Scottsdale, AZ 5 85260 \$496-89 Camparyn Imprint. com mon yard 14550 Beachnut St.

1/27/20 HOUSTON, TX Signs 6 ESOLL Camps.10 (\$96.89) Imprint, com yard 14550 Beechautst. 1 38/30 signs Ref XT rotavori (refund) 77083 Adobe website and 89.99 mon 345 Pork AVE rocketing 06/201 Son JOSE, CA ZIOOt 4016 - 0112P 8

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TOWN OF SURFSIDE

					1:01AM SH
(1) Name _ 📿	CAMPAIGN TREASURER'S REI	PORT – ITEMIZED	2) I.D. Number	ONEO	
	d <u> / / / / / / / / / / / / / / / / / </u>		4) Page 🔁	of	2
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
1 /29/20 9	Imprint. Com 14550 Beechnut St. Houston, TX 77083	Campargn Yord Signs	200		\$\$ 498.2S
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MIAMI-DADE COUNTY ELECTI PAID CAMPAIGN WORKER IN ABSENTEE BALLOT ACT	S PARTICIPATING MIAMIDADE
Name Charles W. Burkett I.D. Number	OFFICE USE ONLY
Address (number and street) <u>1333 Buscaya Dr.</u> City, State, Zip Code	TOWN OF SURFSIDE
CHECK IF ADDRESS HAS CHANGED	FEB7 '20 11:01AM 9
Candidate for: Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area, Sub-Area	a
REPORT IDENTIFI	ERS
Report Name <u>2030 m</u> Cover Period <u>1</u> Report Type Original Amendment	<u>1- 30</u> through <u>1-31-30</u>
CERTIFICATI	
correct, and complete. correct correct (Type name) Treasurer Deputy Treasurer X X	ify that I have examined this report and it is true, ect, and complete. hanles W. Buckett name) A Candidate
<u>x</u>	gnature

MD-ED 26 (Rev. 03/13)

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PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

MIAM	DADE
COUNTY	

This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	Charles W. Bu	rkett		2) I.D. Number 11	:01AM
(3) Report	Name_ <u>3030 m l</u>	(4) Cover Period	1-1-90	_ through _ <u>\ > </u>	06-1
(5) Report	Type 🗳 Original 🛛 Amendment	(6) Page	1	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organizat (if not directly hire	ion Employed By	(11) Amendment Type
NA	NA	NIA	N/A	7	NA

- juli	
CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Charles W. Burkett	OFFICE USE ONLY
Name	
(2) 1332 Biscaya Drive	
Address (number and street) Surfside, FL 33154	
City, State, Zip Code	
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es):	TOWN OF SURFSIDE
Candidate Office Sought:	K
 Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an 	 □ 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
individual making electioneering communications)	
	t Identifiers
Cover Period: From <u></u> / <u></u> / <u>></u> To	<u>∂</u> / <u>∂0</u> / <u>∂0</u> Report Type: <u></u> <u>∂5</u> P
	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$, , ,	Monetary Expenditures \$,, <u>686.34</u>
Loans \$,, <u>©</u> . <u>© 0</u>	Transfers to Office Account \$,,
Total Monetary \$,, ©_	Total Monetary \$,, <u>ん&</u> . <u>ろい</u>
In-Kind \$,, O	
	(8) Other Distributions \$, ,
(9) TOTAL Monetary Contributions To Date \$, _1℃, _1⊙♡. <u>○</u> つ	(10) TOTAL Monetary Expenditures To Date \$, _1, <u>380</u> . <u>51</u>
(11) Ce It is a first degree misdemeanor for any per	rtification son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, co	
(Type name) Deborah B. Baker	(Type name) Charles W. Burkett
Individual (only for IE I Treasurer Deputy Treasurer	Candidate Candidate Candidate Chairperson (only for PC and PTY)
x DUVOAD BAUS	x//
Signature	signature
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTI

۲. ۲.	C	AMPAIGN TREASU	RER'S	REPORT	– ITEMIZED	CONTRIBU	TIONS	
	(1) Name	thates W.B	vrk	ett	(2)	I.D. Number		
	(3) Cover Period	911130	throu	gh <u></u> /	30130	2 (4) Page	_ _	of <u>\</u>
	(5) Date	(7) Full Name (Loot, Suffix, Sirot, Middle)		(8)	(9)	(10)	(11)	(12)
	(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
	NIA	NA	NA	N/A	N/A	NIA	NIA	NA
	NA							
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	1 1	9						
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-	1 1						I.	
	/ /							
L	DS-DE 13 (Rev. 11/1	3)	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	

CAMPAIGN TREASURER'S REPORT – ITEMIZ	ED EXPENDITURES
(1) Name Charles W. Burkett	(2) I.D. Number
(3) Cover Period <u> </u>	(4) Page of

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
<u>2/5/20</u> 1	GODaddy.COM 14455 N. Hayden Rel. #100 Scottsdare, AZ 85360	website a manketing tools	mon		\$5.99
2/1V30	COLORCOPIES USA 140 NE 32 nd Ct. Ft. Louderday, FL 33334	Flyers	ma		\$76272
2/18/20 3	Acbela Silva 568 NW1095t. Miami, FL 33168	Lawnsign Distribution	mon		ଌ୶ଡ଼ଡ଼ଡ଼ୄଡ଼
<u>ə /əqəd</u>	Town of Surfside 9293 Honding AUR. Surfside, FL 33154	Public Records LEST	mon		B9,9B
<u>ə 60/20</u> 5	Twitter 1355 Market St. Son Froncisco, CA	ads	mon		\$99.00
3/39/30 6	town of surkside 9293 Hording Ave. Surkside, FL 33154	Public Rewards Just	mon		₽ \$ 6-00
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MIAMI-DADE COUNTY EL PAID CAMPAIGN WOR IN ABSENTEE BALLOT	KERS PARTICIPATING MIAMIDADE
Name Charles DBorbtik I.D. Number Address (number and street) 1333 BISCAYOP City, State, Zip Code STESICA FL 33154 CHECK IF ADDRESS HAS CHANGED	OFFICE USE ONLY
Candidate for: Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area, Sub	
Report Name <u>35 P</u> Cover Period Report Type Original Amendment	<u>3-1-30</u> through <u>3-30-30</u>
CERTIFI	
It is a first degree misdemeanor for any person I certify that I have examined this report and it is true, correct, and complete. <u>Chance W. Backet</u> (Type name)	on 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) X Signature

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PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	Chorles W. Bi	Drkett	(2) I.D. Number	
(3) Report	Name <u>25 Pi</u>	(4) Cover Period _	$\partial \cdot \cdot \cdot \partial O$ through $\partial \partial$	06-01
(5) Report	Type 🖸 Original 🛛 Amendment	(6) Page	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employed By (if not directly hired by campaign)	(11) Amendment Type
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2	
CAMPAIGN TREASUR	ER'S REPORT SUMMARY
(1) Charles W. Burkett	OFFICE USE ONLY
Name 1990 Discours Drive	
(2) 1332 Biscaya Drive Address (number and street)	MAR5 '20 12:09PM
Surfside, FL 33154	MIRG 20 streets
City, State, Zip Code	
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es):	
Candidate Office Sought: Candidate Office Sou	Check here if PC or ECO has disbanded
Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an	 Check here if PTY has disbanded Check here if no other IE or EC reports will be filed
individual making electioneering communications)	
(5) Dono	ort Identifiers
	To $3/5$ / 30 Report Type: $11P$
8 0, 00	Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
	Monetary
Cash & Checks \$,,,OO	Expenditures \$, <u>a</u> , <u>356</u> . <u>53</u>
Loans \$,, <u>0</u>	Transfers to Office Account \$,,,
Total Monetary \$	Total Monetary \$, <u></u> , <u></u> , <u></u> , <u></u> , <u></u> , <u></u>
	(8) Other Distributions
	\$,,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$, 10, 100.00	\$, <u>3</u> , <u>737</u> <u>04</u>
	ertification erson to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, c	
_(Type name) Deborah B. Baker	(Type name) Charles W. Burkett
Individual (only for IE I Treasurer Deputy Treasurer	Candidate □ Chairperson (only for PC and PTY)
x DUDDADbaher	×
Signature	Signature
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIO

, ` C	AMPAIGN TREASU	RER'S	REPORT	– ITEMIZED			Æ
(1) Name 🧲	have w-Br	OFK	ett	(2)	I.D. Number	19R5 '20 12	109PM
	<u>9 / 31 / 30</u>						
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code		(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
N/A N/A	NJA	NA	N/A	n/A	N/A	N/A	NIA
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DS-DE 13 (Rev. 11/13)



(1) Name Charles W. Burkett (2) I.D. Number (3) Cover Period <u>2/3//30</u> through <u>3/5/30</u> (4) Page V of A (7) (8) (9) (10) (11) (5) Date **Full Name** Purpose (Last, Suffix, First, Middle) (add office sought if (6) Expenditure Street Address & contribution to a Sequence City, State, Zip Code Type candidate) Amount Amendment Number TWITTER online \$50.00 2/24/20 mon 1355 morket St. ads Son Francisco, CA I campaign Rebecca Silva \$100.00 non 568 NW 1095+ 2/24/20 help miami, FL 2 33168 Image PILLS Graphics \$1540.10 letter non 2/25/20 1440 NE 131 St. +0 residents Nm1a FL 33161 3 Facebook \$ 35.00 DUINE mon 2/26/20 1 Hackerway ads MONO POR CA 4 94035 \$ 35,00 Farebook ONITR mon 3/2/20 1 Macker Way ads mento Pork, CA 5 94035 Adobe \$9.99 Webs, te non 345 Pork Ave. 3/3/20 9 Son Jose, CA morkering 95110-2704 6 Zloot Rebeca Silva 00.26 dt Camporgo mon 3000 Steppi WU BOZ ST. help MIG FL 33168 Facebook Online 00 26 B mon 1 Hacker Way ads 3 100 MENID PORK, CA 8 94025

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

DS-DE 14 (Rev. 11/13)

1.1

(1) Name CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (2) I.D. Number (2) I.D. Number										
(3) Cover Period $\underline{\partial}$ (4) Page $\underline{\partial}$ of $\underline{\partial}$										
(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					
3/4/20	COLO-COPIES USA 140 NE 32NA CH Ft. Landerdole, FL 33334	FIYEES	mon		&465.45					
Pendig 3 5/20 10	Facebook 1 Hackerway Menio Park, CA 94025	Online qds	mon		B20.00					
Peney 3 /5 /20 11	GO Daddy 14455 N. Mayden Ad #100 Sconsdale, EAZ 85360	usebsite and moreting troots	mon		₽ <i>.06</i> ₽					
_/ /	401° 11									
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DS-DE 14 (Rev. 11/13)

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

MAR5 '20 12:09PN

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY						
Name <u>Charles</u> W. Burkett I.D. Number	OFFICE USE ONLY					
Address (number and street) 1337 Biscaya Dr. City, State, Zip Code	MAR5 '20 12:09PM					
CHECK IF ADDRESS HAS CHANGED						
 Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area, Sub-Area 						
REPORT IDENTIFIE	RS					
Report Name <u>IIPI</u> Cover Period <u>></u> Report Type Original Amendment	<u> ∂1-90</u> through <u>3:2-90</u>					
CERTIFICATIO						
correct, and complete. <u>have</u> <u>W</u> . <u>Muck</u> <u>H</u> (Type name) Treasurer Deputy Treasurer <u>X</u> <u>X</u> <u>X</u> <u>X</u> <u>X</u> <u>X</u> <u>X</u> <u>X</u>	alsify a public record (ss. 839.13, F.S.) fy that I have examined this report and it is true, ct, and complete. Acces W. Buckett name) DC Candidate					

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Charle W. Buckett Charles W. Buckett. -- /

8-1-10-6

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

MIAMIDADE

n

COUNT

This report must be filed by applicable candidates running for Town of Surfside Mayor or Town Commissioner.

(1) Name	Charles W-BUR	MAR5 '20 12:09PM (2) I.D. Number			
(3) Report	Name II P I	(4) Cover Period	9.91-90	through	5-90
(5) Report	Type Poriginal Amendment	(6) Page	1	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organiza	10) ation Employed By ired by campaign)	(11) Amendment Type
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