NOV 7 PM 4:16 9

APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

officer before opening th	e campaign account.	OFFICE USE ONLY			
1. CHECK APPROPRIATE					
Initial Filing of Form	Re-filing to Change: T	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			
Charles W. Burkett	¥ 10	code) 1332 Biscaya Drive			
4. Telephone	5. E-mail address	Surfside, FL 33154			
(305)5171175	Charles@burkettcompanies.co	om			
6. Office sought (include	district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if			
Mayor, Town of Surfs	side	applicable: My intent is to run as a Write-In candidate.			
		I wy intent is to full as a write-in candidate.			
8. If a candidate for a par	<u>tisan</u> office, check block and fil	Il 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 fo	ollowing person to act as my	X Campaign Treasurer Deputy Treasurer			
10. Name of Treasurer or Deloto	Deputy Treasurer ANB, BAKEY				
11. Mailing Address	1 A 20 1 A 20 1	12. Telephone			
10659	NE QUAY BUIGG	e Ct. (305) 439-1400			
13. City -	14. County MIZIM- 15. St	tate 16. Zip Code 17. E-mail address dbaker 06740g mail a			
18. I have designated the	following bank as my	Primary Depository Secondary Depository			
19. Name of Bank	1	20, Address			
21. City ' ' '	22. County	23. State 24 7in Code			
[HE 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. / Treasur	er's Acceptance of Appointmen	nt (fill in the blanks and check the appropriate block)			
1, <u>Debor</u>	(Please Print or Type Name)	, do hereby accept the appointment			
designated above as: Campaign Treasurer Deputy Treasurer.					
Nov. 7.	2019 X	Queloudh Bari Baker			
Dat		Signature of Campaign Treasurer or Deputy Treasurer			

STATEMENT OF CANDIDATE

OFFICE USE ONLY

NOV 7 PM 4:164

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

1, Charles W. Burkelt
candidate for the office of;
have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.
X 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 9

NOV 12 AH 11:18 SLN.

NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONLY				
1. CHECK APPROPRIATE BOX(ES):					
	reasurer/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				
Charles W. Burkett	code) 1332 Biscaya Drive				
4. Telephone 5. E-mail address	Surfside, FL 33154				
(305) 517 1175 Charles@burkettcompanies.co					
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 partisan office, check block and fill	I 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					
Delovano, Baker					
11. Mailing Address 10659 NE QUQY BND6	e Ct. 12. Telephone (305) 439-1400				
13. City 14. County MIZIMF 15. St.	ate 16. Zip Code 17. E-mail address 33138 dbaker 0674@gmail.a				
18. I have designated the following bank as my	Primary Depository Secondary Depository				
19. Name of Bank NORHERN Trust Bank	20. Address B; Hnore Vey (I I I I				
21. City Cables 22. County Dade	23. State 24. 7 in Code 33134				
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ TH DESIGNATION OF CAMPAIGN DEPOSITOR	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				
///>/19	X //				
27. Treasurer's Acceptance of Appointmen	t (fill in the blanks and check the appropriate block)				
, ORDOVAN BOY BOXCEV , do hereby accept the appointment (Please Print or Type Name)					
designated above as: Campaign Treasure	Deputy Treasurer.				
Nov. 7, 2019 X	Signature of Campaign Treasurer or Deputy Treasurer				



TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

NOV 21 AH11:42

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 $\}$
I solemnly swear (or affirm) under oath, that my name is <u>Charles</u> W. Burke 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, Sunda de,
my occupation is
a resident of the Town of Surfside since; 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 1/21/19 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 NOTARY PUBLIC
PRINTED NAME OF NOTARY

CANDIDATE OATH -NONPARTISAN OFFICE

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

NOV 21 AH11:42

☐ Write-in candidate

OFFICE LISE ONLY

	OTTICL USE ONLY
Candidat (Section 99.021(1)(a) (Print name above as you wish it to appear on the ballot. It hyphen, check box	Fyour last name consists of two or more names but has no mes). No change can be made after the end of qualifying. llot, the name must be printed above for oath purposes.) Office) (Office) (District #) County, Florida; which office or any part thereof runs concurrent with the office uired to resign pursuant to Section 99.012, Florida Statutes;
Candidate's Florida Voter Registration Number (located on your	r voter information card): 109173445
Phonetic spelling for audio ballot: Print name phonetically on ballot as may be used by persons with disabilities (see instructions	
x / 305 \$ 51°	7-1175 Charles Doueles Heompanies
Signature of Candidate 1332 Biscaya Drive, Su Address Telephone Number City	Email Address Stale ZIP Code
STATE OF FLORIDA	Signature of Notary Public Print, Type, or Stamp Commissioned Name of Notary Public below:
Sworn to (or affirmed) and subscribed before me this	WENDY BECK MY COMMISSION # GG 060483 EXPIRES: May 6, 2021 Bonded Thru Notary Public Underwriters
Type of Identification Produced:	

FORM 1	STATEM	STATEMENT OF			
Please print or type your name, mailing address, agency name, and position below:				FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME MIDDLE Burkett, Charles William MAILING ADDRESS: 1332 Biscaya Drive	ENAME:				
CITY: Surfside 33	le				
Town of Surfside NAME OF OFFICE OR POSITION HELI Mayor	D OR SOUGHT :			NOV 21 AM11:42 &	
You are not limited to the space on the lin	es on this form. Attach additional she				
**** BOTH DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUF YEAR OR ON A FISCAL YEAR. PLE. EITHER (must check one):	PARTS OF THIS SECT R FINANCIAL INTERESTS FOR TASE STATE BELOW WHETHER	THE PRECEDING TAX YEA	R, WHET	HER BASED ON A CALENDAR	
DECEMBER 31, 20	18 <u>OR</u> □ SPECI	FY TAX YEAR IF OTHER TH	IAN THE C	CALENDAR YEAR:	
MANNER OF CALCULATING REP FILERS HAVE THE OPTION OF USIN CALCULATIONS, OR USING COMPA for further details). CHECK THE ONE	IG REPORTING THRESHOLDS T RATIVE THRESHOLDS, WHICH	I ARE USUALLY BASED OF	LAR VALU N PERCEI	JES, WHICH REQUIRES FEWER NTAGE VALUES (see instructions	
	ERCENTAGE) THRESHOLDS	OR 🗆 DOLL	AR VALI	JE THRESHOLDS	
PART A PRIMARY SOURCES OF INC		the reporting person - See ins	tructions]		
NAME OF SOURCE OF INCOME		URCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Burkett Family (cont)			20151 5 15 11		
Limited Partnership	1332 Biscaya Drive,				
RentMiamiBeach, LLC	1332 Biscaya Drive,	Surfside FL 33154	Mortga	age lending	
PART B SECONDARY SOURCES Of [Major customers, clients, and (If you have nothing to rep	d other sources of income to busine	sses owned by the reporting po	erson - See	e instructions]	
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")			and w	G INSTRUCTIONS for when the here to file this form are	
See Attachment B			INSTE this f	ed at the bottom of page 2. RUCTIONS on who must file orm and how to fill it out on page 3.	

		HICH 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	ADDRES	S 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 RentMiamiBe	ve, Surfside FL 33154				
ABBITEGO OF BOOMEGO ENTITY					
PRINCIPAL BUSINESS ACTIVITY Small loan co	mpany				
POSITION HELD WITH ENTITY Owner					
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS 100% OWNER					
NATURE OF MY OWNERSHIP INTEREST Member shar	Member shares				
PART G — TRAINING For elected municipal officers required to complete annual ethics training p I CERTIFY THAT I HAVE COMP					
IF ANY OF PARTS A THROUGH G ARE CONTINUED O	N A SEPARATE SHE	ET, PLEASE CHECK HERE 🔲			
SIGNATURE OF FILER:	CPA or ATTO	DRNEY SIGNATURE ONLY			
Signature: Date Signed: 11/20/2019	If a certified public accountant licensed under Chapter 473, or attorner in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement: I,, prepared the C 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 <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.

ATTACHMENT A. SECONDARY SOURCES OF INCOME



Name of Business Entity Ni Burkett Family Limited Partnership

Name of major sources of business' income

The Lois Apartments Office Warehouse building Office Warehouse building

Retail rental building The Lois Apartments

RentMiamiBeach, LLC

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

Principle business activity source

Apartment rentals Commercial rental Commercial rentals Commercial rentals Apartment rentals



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



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.

$\dot{\gamma}\text{OU}$ MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION PLEASE SIGN AND PRINT YOUR NAME CLEARLY

19/2P

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN	OF SURFSIDE, FLOR	IDA OLI LO OLI	11.
We the undersigned electors of the Town of	Surfside, Florida, hereby nomin	nate Charles W. Durk	ett
for the office of MAYAR	(Mayor or Commissi	oner) at an election to be held on March	
17, 2020.		NOV 21 AM 11:43	
This petition must be filed with the Town C.	lerk between November 1, 2019 an	d November 22, 2019 (by 12:00pm).	
Signature:	, Date: 1117	9 D.O.B.	
Print Name: Can to Chosa	Co Address:		N.
Signature:	Date: _ // - /	7 - 19 D.O.B.	
Print Name: Ra Hy JA Kern ()	Address:		
Signature: May "	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7-19 D.O.B.	
Print Name: ROBERS MAZLI HOW	Address:		
Signature:	Date: 17	D.O.B.	
Print Name 30 NATHAN BOROUX	Address:		
Signature:	Date: ///	7// <i>9</i> D.O.B.	
Print Name: 25 ONNY UNNI	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:		
Signature:	Date:	D.O.B	
Print Name:	Address:	~	-
Signature:	Date:	D.O.B	
Print Name:	Address:		-
	ATEMENT OF CIRCULATOR		
The undersigned is the circulator of the foregoing thereto was made in my presence and is the ger		gnatures. Each signature appended hose name it purports to be.	
Signature of Circulator:			
	e amail. com		
I hereby accept the nomination of May in	CEPTANCE OF NOMINATION	(Mayor or Commissioner) and agree to)
serve if elected.		1/10/10	
Signature of Candidate:		Date: <u>////9//9</u>	

** For unredacted version, please contact the Town Clerks Office**

Web Version Only

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

24810

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SUR	RFSIDE, FLORIDA
We the undersigned electors of the Town of Surfside, F	Florida, hereby nominate Charles Wa Kurkett
for the office of Mayor ((Mayor or Commissioner) at an election to be held on March
17, 2020.	NOV 21 AM11:43
This petition must be filed with the fown Clerk between	November 1, 2019 and November 22, 2019 (by 12:00pm).
	110/17/010
Signature: Wald Wald	Date: NOV. 13 20 19 D.O.B.
Print Name: LINDA RIVALDI AMNUNZIATA	Address
Signature:	Date: 11 13 2019 D.O.B.
Print Name: Charlote al-Sah I:	Address:
Signature: Ostul I to be w	Date: 11 13 2019. D.O.B.
Print Name:	Address:
Signature:	Date: 14-19 D.O.B.
Print Name: Day Kosep	Address:
Signature: 7-9 WWA	Date: 11-14-9 B.O.B. 5-13-7-2
Print Name: Educad anslow	Address:
Signature:	Date: >11 14 19 D.O.B.
Print Name:	Address:
Signature:	Date: D.O.B. B. D.O.B.
erint Name:	Address:
Signature: DI	Date: 11 14 15 D.O.B.
Print Name: MARRY DOLL)	Address:
Signature: an for Godon Berken	Date: 144 2619 D.O.B.
Print Name: Anton Godoy Beyker	Address:
Signature: Lawer V. Baldwi	Date: 11/14/19 D.O.B.
Print Name: LANGENCE N- BONDOWN	Address:
Signature:	Date: 11/14/19 D.O.B.
Print Name: ALAN RUBIN	Address:
Signature: Quia Day Sellem	Date:
Print Name: LUCIA DIAS Soulesce	Address:
Signature: Bashare Hall	Date: 11/14/ 2019 D.O.B.
Print Name: Barbara Wall	Address:
and the state of t	J
	OF CIRCULATOR
The undersigned is the circulator of the foregoing paper cont thereto was made in my presence and is the genuine signature.	
thereto was made in my presence and is the gendine signatu	ure of the person whose name it purports to be.
Signature of Circulator:	7 7 7 7 7 7 7 1
ddress of Circulator 1332 BIJCGIC Dr	inon Surbiside, OL 3315 1
Email address of Circulator: Chaeles & bleke H	-companes. Com
I hereby accept the nomination of Mayor	OF NOMINATION (Mayor or Commissioner) and agree to
serve if elected.	(Mayor or Commissioner) and agree to
Signature of Candidate:	Pale: 1/12/15

for the office of Mayar

17, 2020.

Web Version Only

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

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles Was but he office of Mayor or Commissioner) at an election to be held on March

NOV 21 AM11:44 8 TOWN OF SURFSIDE, FLORIDA

T	his petition must be filed wil	h the Town Clerk betwe	en November	1, 2019 and Novel	mber 22, 201	9 (by 12:00pm).	C41
Signature:-	Wat 15	abbor	Date:	11/16/19	D.O.B.		
Print Name:	PIETER	BAKKER	Address:				
Signature:	Ehm)		Date:	111/16/19	D.O.B.		, , , , , , , , , , , , , , , , , , ,
Print Name:	RICESAR 127	HRRANGE	Address:				
Signature:	Dul 12	N)	Og Dato:	3/17/85	D-03.	una desa suman.	
Print Name:	David Jan	perolt	Address:				
Signature:	an		Date:	11/16/19	D.O.B.		
Print Name:	Kseriya Sm	ychousky	Address:				
Signature:	posselle. Son	time "	Date:	16000 2019	D.O.B.		
Print Name:	Joseph SA	य १८००	Address:				
Signature:	- Min Th	achia	Date:	16 mar 19	D.O.B.		
Print Name:	King Hyachi	X.	Address:	and and an analysis and an			
Signature:	The second second		Date:	11/16/19	D.O.B.		
Print Name:	Vaniel f	1545U 1te	Address:				animmanın.
Signature:	09 2		Date:	11/16/14	D.O.B		
Print Name:	KARL	GRUEN	Address:			ингония положения	
Signature:		9	Date:	11/16/19	D.O.B		
Print Name:	Osph 12.	CHAULL BATH	Address:				
Signature:	11/1/200		Date:	111619	D.O.B.		
Print Name:	Vienovo.	Saure	Address:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Signature:	247	oth Class	Date:	FM-tong (D.O.B	3/20/1	\supseteq
Print Name:	1300	2	Address:	1111119	30	ngo-and transmission	
Signature:	10,000		Date:	111617	D.O.B		
Print Name:	IC/13FOI	Jones	Address:				
Signature:			Date:		D.O.B		
Print Name:	лания в принципальной принципальной принципальной принципальной принципальной принципальной принципальной принц	***************************************	Address:				
		STATEMENT	OF CIRCUI	_ATOR			1
The undersig thereto was r	ned is the circulator of the made in my presence an	ne foregoing paper co d is the genuine signa	entaining/ ature of the p	signature erson whose na	s. Each sig me it purpo	nature appende its to be.	d
Signature of	Circulator:		-			1	
ddress of C Email addres	irculator: /332 s of Circulator: Char	Biscare Drive	e Su	reside,	72 3	7713 7	
I hereby accesserve if elected	ept the nomination of	Mayor_	E OF MOMIN		yor or Com	missioner) and	agree to
Signature of	Candidate:				Date: ///	16/19	

serve if elected.

Signature of Candidate:

Web Version Only

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 O	F SURFSIDE, FLORID	A NOV 21 AM 11:4	140
We the undersigned electors of the Town of S for the office of MAYAR 17, 2020.		er) at an election to be held o	<u>Kur</u> kett n March
This petition rests be filed with the fown Cleri	k between November 1, 2019 and N	ovember 22, 2019 (by 12:00pm)	Ď.
Signature:	Date: 1// 15/	// D.O.B.	
Print Name: Paul Glasser	Address:	77 D.O.B.	
Signature:		7- D.O.B./43-7	minummuna .
Print Name: Jugio J. BAI ADRO		ICKEUS AUG	
Signature:	Date: 1/-15-c	A CONTRACTOR OF THE PARTY OF TH	
Print Name: JULOJ. BALADRUM	Address:		
Signature:	Date: //-15	19 D.O.B.	
Print Name: Edam Russon	ke Address:		
Signature: / /	Date: ///6//	9 D.O.B.	
Print Name: Waribe/ 50 to	Address:	A.	
Signature: MARGA EDENA SOLA	2es Date: 1//4//	9 D.O.B.	
Print Name: Makea Cleva Sve	Address:		
Signature:	Date:	D.O.B	
Print Name: WILLAM WILLWSKY	Address:		
Signature:	Date: 11-16-1	5 D.O.B.	_
Print Name: CRUZ M. GOLZ	+ (Address:	Translation of the second	7 .
Signature:	Date: 11/16	9 D.O.B.	
Print Name: Mercy MacDou	Address:		
Signature: Vo	Date: 111619	D.O.B	7
Print Name: MAURILID RODPIGUEZ	Address	<u>umanitan manananan mananan mana</u>	
Signature:	Date: 16 Cb Cc	2 D.O.B	
Print Name: Paryle Trager	Address:	, and the second se	
Signature:	Date:	D.O.B	'
Print Name:	Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Signature:	Date:	D.O.B	
Print Name:	Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STATE	EMENT OF CIRCULATOR		İ
The undersigned is the circulator of the foregoing phereto was made in my presence and is the genuir	aper containing $\underline{l} \overline{\mathcal{D}}$ signature of the person whose	tures. Each signature appen e name it purports to be.	ded
Signature of Circulator:			
ddress of Circulator: /332 & Coga Email address of Circulator: Charles & bus	Drive Surfathe =	72 73 154	-
hereby accept the nomination of MayAn	PTANCE OF NOMINATION	(Mayor or Commissioner) as	nd agree to

** For unredacted version, please contact the Town Clerks Office**

Signature of Candidate:

Web Version Only YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

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					
NOMINATING PETITION FOR MAYOR OR COMMISSIONER					
TOWN OF S	URFSIDE, F	LORIDA		1201	11
We the undersigned electors of the Town of Surfsider for the office of Mayor 17, 2020. This petition must be filed with the Town Clerk between	(Mayor or Co	mmissioner) at		AM11:44 &	#
I'nis petition must be filed with the Town Clerk betw		.///////	10e/ 22, 2019 (by 11	2.00pmj.	
Signature: July Hours	Date:	1/14/17	D.O.B.		
Print Name: VIV4) 3NC0B36N	Address: 』				
Signature:	Date:	11/13/19	D.O.B.		
Print Name: Charles Burke H	Address:		-		
Signature: Rock The Dil	2	11/16/19	D.O.B.		
Print Name: RANDI MACBRINE	Address:				
Signature:	500 00 00	11/16/17	D.O.B		
Print Name: Mara Survey	Address:	111112	200	<u> </u>	
Signature:	Date: _	1/16/17	D.O.B		
Print Name: HUES MACKEULIE	Address:	1 1/ 10	202		
Signature: / HANUELA MACKENZIE		11-16-19	D.O.B.		
	Address:	11/16/19	D.O.B.		
Signature:	Date: _	11/11/17	D.O.B		
Print Name: MEL Schlessen	Address:	1-16-19	D.O.B.		
Print Name: ELANDO HARARI			D.O.B		
	Address:	1-16-19	DOB C	and control of	
Signature:	Address:		D.О.В		
Print Name: DAVICE HARSE	Date:	11/19	D.O.B.	7	
Print Name: FICO LAPOCADO	Address:		D.O.B.		•
$G \rightarrow DL$		11/16/19	D.O.B.	Animal Marian	
Signature: Charles Salzhavec	Address:		D.O.B.	en e	
Signature:	Date:	11/11/19	D.O.B.	7	September 1
Print Name: Ben Acquario	Address:		Divisi		MATE
Signature:	Date:	many minus	D.O.B.		
Print Name:	Address:				
		ninan-iaan-iiwiiniinii			
STATEME	NT OF CIRCULA	1			
The undersigned is the circulator of the foregoing paper thereto was made in my presence and is the denuine significant the significant the significant the significant the si			s. Each signature me it purports to		
Signature of Circulator:	Commen	11 /	71 13-01		
Email address of Circulator: Charles & Buck	Hamain Sc	K Som	123134		
CCEPTAN	ICE OF NOMIN	(/ _	eles@bue	kett compani	دل، ۱۵۱
serve if elected.		(Ma	ayor or Co mmissi / /	oner) and agree to	

Date: 1/16/19

Signature of Candidate:

Web Version Only

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 We the undersigned electors of the Town of Surfside, Florida, hereby nominate (Mayor or Commissioner) at an election to be held on March for the office of MAYAR 17, 2020. NOU 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: D.O.B. Date: Print Name: Address D.O.B. Signature: Date: Print Name: Address: D.O.B. Date: Signature: Print Name: Address: 19 D.O.B. Signature: Date: Address: Print Name: Date: 11 19 D.O.B. Signature: Address Print Name: D.O.B. Signature: Date: Print Name Address: Signature: 11.17.19 D.O.B. Date: Print Name: Address: 11.-17 -17 D.O.B. Signature: Date: Address: Print Name: Date: 11.12.19 Signature: D.O.B. Print Name: Address: /1 D.O.B Signature: Date: Print Name: Address Signature: Date: Print Name: Address Signature: Date: 9 D.O.B Print Name: Address 19 D.O.B. Signature: Date: GUDSMAN 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: ddress of Circulator; Email address of Circulator: Les ObuRke ACCEPTANCE OF NOMINATION I hereby accept the nomination of (Mayor or Commissioner) and agree to serve if elected.

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

of the Town of Surfside Florida hereby nominate Charles Warket

Date: 11-13-2019 D.O.B. Signature: Print Name: Address: D.O.B. Date: 11 Signature: · Kram arbala Address: Print Name: Date: 11/14/19 D.O.B. Signature: Address: Print Name: D.O.B. Date: Signature: Address: Print Name: Date: _///_> (1 D.O.B. Signature: Address: Print Name: 17/17/19 D.O.B. Date: Signature: Richald Address: Print Name: D.O.B. Date: Signature: Address: Print Name: Date: _____ D.O.B. Signature: Address: Print Name: Date: D.O.B. Signature: Address: Print Name: Date: ___ D.O.B. Signature: Address: Print Name: Date: D.O.B. Signature: Print Name: Address: Date: D.O.B. Signature: Address: Print Name: Date: _____ D.O.B. Signature: Address: Print Name: STATEMENT OF CIRCULATOR signatures. Each signature appended The undersigned is the circulator of the foregoing paper containing _ 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: 8844 Surtado Email address of Circulator: 90+25polspvahou.com ACCEPTANCE OF NOMINATION (Mayor or Commissioner) and agree to I hereby accept the nomination of serve if elected. Signature of Candidate:

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 We the undersigned electors of the Town of Surfside, Florida, hereby nominate \(\frac{\frac{1}{\text{QRQ}}}{\text{QRQ}} \) \(\frac{\text{Variable}}{\text{Variable}} \) (Mayor or Commissioner) at an election to be held on Mayor NOV 21 AH 11:44

This petition must be filed with the Town Clerk between	n November 1	1, 2019 and November 22, 2019 (by 12:00pm).						
Signature:	Date:	11/16/19 D.O.B.						
Print Name: PAV; E12 (21)242201.	Address:							
Signature:	Date:	////6/19 D.O.B						
Print Name: MANIA C. DATORRE	Address:							
Signature: Juli 12	Date:	<u>////////</u> D.O.B						
Print Name: JOSH HERMAN	Address:							
Signature: Zua Huma-	Date:							
Print Name: USG Herman	Address:							
Signature: UACUUC	Date:	11 17 19 D.O.B.						
Print Name. NANIAWA ALUMO	Address:							
Signature:	Date:	11/17/2019 D.Q.B.						
Print Name: KENT AGUERO	Address:	The state of the s						
Signature:	Date:	11-17-19 D.O.B.						
Print Name: MARIA SOCARRAS	Address:							
Signature:	Date:	11/11/14 D.O.B.						
Print Name: RABLIE SICALLY	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 CIRCUL	LATOR						
The undersigned is the circulator of the foregoing paper con	itaining	signatures. Each signature appended						
thereto was made in my presence and is the genuine signat	ure of the p	person whose name it purports to be.						
Signature of Circulator:								
20 +/2	5011 00th -1 + - 00 1 57 381511							
Email address of Circulator: bto equano Q Em hil o Com								
ACCEPTANCE	OF NOMIN							
serve if elected.		(Mayor or Commissioner) and agree to						
		11/19/19						
Signature of Candidate:		Date:_//////						

** For unredacted version, please contact the Town Clerks Office**

YOU MUST BE A REGISTERED VOTER OF THE TOWN OF SURFSIDE TO SIGN THIS PETITION **Web Version Onlv**

PLEASE SIGN AND PRINT YOUR NAME CLEARLY

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA We the undersigned electors of the Town of Surfside, Florida, hereby nominate for the office of Mayor (Mayor or Commissioner) at an election to be held on Ma 17, 2020. NOV 21 AM 11:44 (4) This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm). Date: 11/12/18.00

Signature.	Date
Print Name: Diana Ganzalez	Address:
Signature: Moco W	Date: <u>[1-17-19</u> D.O.B.
Print Name: Rous Alvarez	Address
Signature:	Date: 11-17-19 D.O.B.
Print Name: Temando Aluntez	Address
Signature: Harris Ferriausie	Date: 11 17 19 D.O.B.
Print Name: PATRICIA FERNANDEZ	Address:
Signature: Pamela OlHagan.	Date: Nov.17 219 D.O.B.
Print Name: PAMELA OMAGAN	Address:
Signature:	D.O.B
Print Name:	Address:
Signature:	D.O.B
Print Name:	Address:
Signature:	D.O.B
Print Name:	Address:
Signature:	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:
	DEMENT OF CIRCULATOR Dispersion containing signatures. Each signature appended

The undersigned is the circulator of the foregoing paper containing	7	_signatures.	Each signature appended
thereto was made in my presence and is the genuine signature of the	ne persor	whose name	e it purports to be.

Signature of Circulator:	^ 7:
Address of Circulator 1333 Riscand Diversi	redict the
Email address of Circulator: Charles & buckettom parises	(,Com
, , ACCEPTANCE OF NOMINATION	
I hereby accept the nomination of Mayor	(Mayor or Commissioner) and agree to
serve if elected.	

Signature of Candidate:

** For unredacted version, please contact the Town Clerks Office**

Web Version Only

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 We the undersigned electors of the Town of Surfside, Florida, hereby nominate (Mayor or Commissioner) at an election to be held on March for the office of May or NOV 21 AM 11:44 @ 17, 2020. This petition must be filed with the Town Clerk between November 1, 2019 and November 22, 2019 (by 12:00pm). @ D.O.B. Signature: Address: Print Name: D.O.B. Signature: Address: Print Name: D.O.B. Date: / Signature: Print Name: Date: // 20-D.O.B. Signature: Address: Print Name: 'D.O.B. Date: Signature: Address: Print Name: D.O.B. Date: Signature: Address: Print Name: D.O.B. Signature: Address: Print Name: D.O.B. Date: Signature: Address: Print Name: STATEMENT OF CIRCULATOR signatures. Each signature appended The undersigned is the circulator of the foregoing paper containing _ thereto was made in my presence and is the genuine signature of the person whose name it purports to be. Signature of Circulator: 324 Kliscane Address of Circulator:// Charles @ burle & Companies Email address of Circulator: ACCEPTANCE OF NOMINATION (Mayor or Commissioner) and agree to I hereby accept the nomination of

Date: 1//8

serve if elected.

Signature of Candidate:

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

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

NOV 22 AM11:43

(PLEASE PRINT OR TYPE)

officer before opening the			iitying							OFFICE	USE	ONLY
1. CHECK APPROPRIATE	BOX(E	S):										
Initial Filing of Form	Re	-filing to Change:	X T	reası	urer/Depu	ıty 🗀	Deposit	ory		Office		Party
2. Name of Candidate (in t	his orde	r: First, Middle, La	ast)			s (includ	de post offi	ice box	or str	eet, city,	state, z	zip
Charles W. Burkett				code) 1332 Biscaya Drive								
4. Telephone	5. E-ma	ail address			Surfside,							
(305) 517-1175	charles	@burkettcom	panies	£								
6. Office sought (include of	istrict, ci	ircuit, group numb	per)		7. If	f a cand	didate for	a nonp	artisa	an office	, chec	k if
Mayor					a	pplicat						
						Ш	My intent	is to ru	n as a	a Write-Ir	ı candi	date.
8. If a candidate for a part	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 F	Party Affi	liation	_				1	84	Party	y cand	lidate.	
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	Charles W. Burkett											
11. Mailing Address 12. Telephone												
1332 Biscaya Drive								(30	5)	517-117	′ 5	
13. City		ounty	15. Sta	ate	16. Zip	Code	17. E-ma	ail addre	ss			
Surfside	Mian	ni Dade	FL		33154		charles(@burk	ettcc	ompanie	s.cor	n
18. I have designated the	followin	ig bank as my	Σ		rimary De	epositor	у 🗀	Seco	ndary	Deposito	ory	
19. Name of Bank	*			20. /	Address	2						
Northern Trust Bank				595	Biltmore	e Way						
21. City		22. County			20000	. State			- 1	24. Zip Co	de	
Coral Gables		Miami Dade			FL				3	3134	1,657	
UNDER PENALTIES OF PERJUI	RY, I DECI GNATION	ARE THAT I HAVE I	READ TH	E FOR Y AND	REGOING FO	ORM FO	R APPOINTI STATED IN I	MENT OF	CAMI	PAIGN TRE	ASURE	R AND
25. Date				26.	Signature	of Can	didate					
11/22/19				X								
27. / Treasure	r's Acc	eptance of Appo	intment	t (fill i	n the blan	nks and	check the	approp	riate	block)		
L.	Ch	arles W. Burke	ett /				do he	rehy ac	cent t	he appoi	ntmont	
	(Pleas	se Print or Type N	lame)				_ , 40 110	icby do	copt	ine appoi	itinent	
designated above as:] Campaign T	reasure	r	∑ De	puty Tre	asurer.					
11/22/19			x //	7				, 2			7	
Date			// (Sign	ature of C	Campaig	gn Treasur	er or De	eputy	Treasure	er	



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.

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



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	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Charles W. Burkett	OFFICE USE ONLY						
Name							
1332 Biscaya Drive							
Address (number and street) Surfside, FL 33154	DEC2 '19 18:26RM						
City, State, Zip Code	5er1						
☐ 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						
10 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×	11 / 30 / 19 Report Type: 2019 Mil						
	ecial Election Report						
(6) Contributions This Report	(7) Expenditures This Report Monetary						
Cash & Checks \$, ,	Expenditures \$,, 99						
Loans \$, <u>10</u> , <u>000</u> . <u>-</u>	Transfers to Office Account \$, , .						
Total Monetary \$, <u>10</u> , <u>000</u>	Total Monetary \$. 99.45						
In-Kind \$,	, ,, ,, ,,						
	(8) Other Distributions						
	\$,,						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>10</u> , <u>000</u> . <u>00</u>	\$, <u>99</u> . <u>y5</u>						
(11) Cert It is a first degree misdemeanor for any pers	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	3						
_(Type name) Deborah B. Baker	(Type name) Charles W. Burkett						
☐ Individual (only for IE	✓ Candidate ☐ Chairperson (only for PC and PTY)						
or electioneering comm.)							
x Neworah Baler	_x/						
Signature	signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	Charles 4	U	BUKE	(2)	I.D. Number	22 19 105	26AM 3M)		
(3) Cover Period	(3) Cover Period / / / / / / / / / / / / / / / / / / /								
(5)	(7)		(8)	(9)	(10)	(11)	(12)		
Date (6)	Full Name (Last, Suffix, First, Middle)								
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount		
11 , 15 , 19	chaves w. burcott		Investor			,	\$10,000°°		
1	133 à Biscaya Dr. surfside, FL 33154	3		COA	n/A	n/A	70,000		
1 1	77.13								
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I I	-					ø	21		
1 1			ii	<i>⊕</i>					
1 1									
1 1									

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DEC2 '19 18:269M GKN

(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 /	130/19 (4	4) Page	of _	L			
(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)	(11) Amount			
11 /21/15	Town of Surfside 9293 Harding Ave Surfside, Fr 3354	Qualifying Fee	mon	n n	25-			
11/25/19	Novahern Trust Bank	campaisn acrount checks	Mon	n/A	74,45			
_ / /								
/ /								
//								
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MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name Charles W. Burkett	OFFICE USE ONLY
I.D. Number	
Address (number and street) 1332 Biscaya Drive City, State, Zip Code Curfride H. 3315	0EC2 '19 18:26AM
Candidate for:	
Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub-Are	ea
REPORT IDENTIF	
Report Name 2019MI Cover Period	11 1 2019 through 11 30 2019
Report Type Priginal Amendment	
CERTIFICAT	
Charles W. Burke H	rtify that I have examined this report and it is true, ect, and complete. Candes W - Suckett e name) Candidate
X Signature	vignature

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	welcutt	(2) I.D. Number	
(1) Name	2619411		(2) I.D. Number through	20/19
(3) Report	Name 3019 M			30/11
(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
	(Last, Sama, Inst, Inst, Install)		(ii not directly fined by campaign)	Туре
NIZ	- 10/4	NJA	NA	NA
/		,		•
			×	
				,
	,			
-				

	CAMPAIGN TREASURE	CAMPAIGN TREASURER'S REPORT SUMMARY							
(1)	Charles W. Burkett	OFFICE USE ONLY							
	Name								
(2)	1332 Biscaya Drive Address (number and street)	TOUN OF 28 UPS 14PM							
	Surfside, FL 33154								
	City, State, Zip Code	JTH2 20 12:14PM							
	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) ☐ 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) Report	Identifiers							
Cov	rer Period: From 12 / 19 To	12 / 31 / 19 Report Type: 2019 MI2							
×	Driginal ☐ Amendment ☐ Spe	cial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
		Monetary							
Cas	h & Checks \$,,	Expenditures \$, , O							
Loa	ns \$, , , , , , , , , , , , , , , , , ,	Transfers to							
		Office Account \$, ,							
Tota	al Monetary \$,, _O	Total Monetary \$,							
ln-k	(ind \$, , <u>১</u> . <u>۵</u> . <u>۵</u>	Total Monetary \$, , _O · OO							
111-1	, <u> </u>	(8) Other Distributions							
	O	\$,, <u>O</u> OO							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>10, 000</u> . <u></u>	\$,, 99.45							
	(11) Cor	History							
	(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)								
ı	certify that I have examined this report and it is true, corn								
(_{Type name)} Deborah B. Baker	_(Type name) Charles W. Burkett							
	☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer relectioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)							
	Dielonah & Bakar	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
	Signature	Signature							
	DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS							

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS REFSIDE

(1) Name	haves w	BU	Kett	(2)	I.D. Number	42 '26 12:: 	
	12,01,19			31 / 19	(4) Page		f <u> </u>
(5) Date (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	(8) ontributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12)
, n/A,	n/A	n/A	n/A	n/a	n/a	n/A	n/A
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES (1) Name (2) I.D. Number						
(3) Cover Perio	d 12 /01 / 19 through 12 /	31,19	l) Page	of _		
(5) Date	(7)	(8)	(9)	(10)	(11)	
(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	
NA	N/A	N/A	N/A	NA	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 harles W. Burkett				
I.D. Number	TOUR OF THE			
	TOWN OF SURFSIDE			
Address (number and street) 1332 Biscaya Dim	JAN2 '20 12∢14PM			
City, State, Zip Code Suffra 12 3315				
☐ CHECK IF ADDRESS HAS CHANGED				
Candidate for:				
Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub-A	rea			
REPORT IDENTIFIERS				
Report Name 2019 M12 Cover Period 12/1/18 through 12/21/18				
Report Type Priginal Amendment				
CERTIFICA				
It is a first degree misdemeanor for any person				
	ertify that I have examined this report and it is true, rrect, and complete.			
	/pe name) Candidate			
Xignature	X Signature			

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. Bu	reet	JAN2 '20 1	2:14PM
(3) Report	Name 2019 H12	(4) Cover Period	(2) I.D. Number through	51/19
	Type	(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,
Nh	NS	NIS	NIS	U/s
/		- /-	CP	TO J
			,	

CAMPAIGN TREASURER'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:					
☐ Electioneering Communications Org. (ECO)	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) Report	Identifiers				
	/ <u>31</u> / <u>30</u> Report Type:				
	ecial Election Report				
(6) Contributions This Report	(7) Expenditures This Report				
_	Monetary				
Cash & Checks \$, , _ <u>O</u> · <u>OO</u>	Expenditures \$, , <u>594</u> . <u>7</u> 3				
Loans \$,,,	Transfers to				
•	Office Account \$, ,				
Total Monetary \$,,	Total Monetary \$. 504.70				
In-Kind \$,, 100 · _00	Total Monetary \$, , <u>594</u> · <u>1 &</u>				
, <u>, , , , , , , , , , , , , , , , , </u>	(8) Other Distributions				
	\$,,				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$, 10,100.00	\$				
(44) 2 - 115 - 11					
(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	(Type name) Charles W. Burkett				
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☐ Chairperson (only for PC and PTY)				
· Dulana La Dalla					
X DUUG (UM) BUU/ Signature	X// Signature				
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS				

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Charles W. Buckett (2) I.D. Number						
(3) Cover Period / / through / / (4) Page of						
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date (6)	Full Name (Last, Suffix, First, Middle)	10				
Sequence	Street Address &	Contributor	Contribution	In-kind		
Number	Charks W.	Type Occupation	Туре	Description	Amendment	Amount
1/1/20	Burkett		INK	mailmy	10	89 100.00
	1332 Biscaya Dr.	S		100+ 40	NA	
1	Surfaide, FL			compared		
	33154					
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200						
1 1						
7						
1 1						
r						

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

			TI EMIZED EXI ENDITORED	
(1) Name	Charles	W. BUCKETT	(2) I.D. Number	

(3) Cover Period	1 /	through	1 131190	(4) Page	of	
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(5)	(7)	(8)	(9)	(10)	(11)
(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
1/6/20	Go Daddy. Com 14455 N. Hayden Rd. # 100 Scottedae, AZ 85260	morreting 21 00-t	MoU		90.00 æ
1/6/20	Go Daddy.com 14455 N. Hayden Ad. # 100 Scottsdale, AZ 85260	mensite and montening tools	wou		E1.16 @
1/8/20	GO Darby. com 14455 M. Hayden Rd. Scottschie, AZ #100 85260	morreting tools	wou		PP. 11#
1/9/20	Miami-Dade Electrone Dept. 2700 NW 87 Ave. Mrami, FL 33173.	Mailing 115t	Mon		Ov.06&
1 /23/20	Go Daddy. com 14458 N. Maydon Rd. #100 Scottsdale, AZ. 85360	marketing tools	mon		\$7.36
06/16/1	Impant.com	Yord Signs	Men		P8-JPP&
1 /38/30	Imprinticom 14550 Berchautst. Houston, TX 77083	Campain yord signs (refund)	Ref		(मै१५७३)
1/24/30	Adobe 345 Park Ave Son Jose, CA 95110-2704	morketing tools	non		9.99

FEB7 '20 11:01AM SW)

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charks W. Burkett (2) I.D. Number					
(3) Cover Perio	d <u>l / l / 3</u> through <u>l</u> /	(3) 180	1) Page	L of _	2
(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)	(11) Amount
1 /29/20	Imprint Com 14550 Beechnut St. Houston, TX 77083	Campargn Yord Signs	wou		26 30 P &
/ /					
/ /	٠.				
/ /					
/ /					
/ /					
/ /				a	4
/ /					



Name	OFFICE USE ONLY
Name Charles W. Burkett	
I.D. Number	
	_
Address (number and street) 1333 Biscaya Dr.	
	TOWN OF SURFSIDE
City, State, Zip Code Surfs de , FL 33154	
	FEB7 '28 11:018N S
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
Mayor	
☐ Commissioner, District	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sub	o-Area
REPORT IDE	NTIFIERS
Report Name	1-1- 20 through 1-31-20
Troport Hame Cover Ferrou	Through T St
Report Type Original Amendment	
OFFICE	CATION
CERTIFI It is a first degree misdemeanor for any pers	
I certify that I have examined this report and it is true,	I certify that I have examined this report and it is true,
correct, and complete.	correct, and complete.
Charles W. Durkett	Charles W. Burkett
(Type name)	(Type name)
v //	v N
Simulation	
Signature	Signature



(1) Name	Chales W. Bu	rkett	(2) I.D. Num	ber
(3) Report	Name <u>3030 m 1</u>	(4) Cover Period	1-1- 30 through	1-31-80
(5) Report	Type Poriginal Amendment	(6) Page	of	1
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	(10) Name of Organization Employ (if not directly hired by camp	
NA	N/A	NIA	N/A	N/A

CAMPAIGN TREASURER'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:FER21 '20 19:26RM			
(4) Check appropriate box(es):	O TOWN OF SURFSIDE			
✓ Candidate Office Sought: ☐ Reliated Committee (RC)				
☐ 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 ☐ Check here if no other IE or EC reports will be filed			
Independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other it of to reports will be med			
(5) Repor	t Identifiers			
	3 / 30 / 30 Report Type: 35Pi			
	ecial Election Report			
(6) Contributions This Report	(7) Expenditures This Report			
	Monetary			
Cash & Checks \$, ,	Expenditures \$, , <u>686 · 34</u>			
Loans \$,, <u>\&</u>	Transfers to Office Account \$, , .			
Total Monetary \$,,				
	Total Monetary \$, , <u>6</u> 86. <u>34</u>			
In-Kind \$,, <u>0</u> . <u>0</u> 0	(8) 84 11 41 41			
	(8) Other Distributions			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date			
\$, <u>10</u> , <u>100</u> . <u>00</u>	\$, <u>\</u> , <u>380</u> . <u>51</u>			
(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, co	(Type name) Charles W. Burkett			
(Type name) Deborah B. Baker ☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer	(Type name) Chaires VV. Bulkett ☑ Candidate ☐ Chairperson (only for PC and PTY)			
or electioneering comm.)				
x Dubolan B Bally	X//			
Signature DS-DE 12 (Rev. 11/13)	Signature SEE REVERSE FOR INSTRUCTIONS			

(1) Name Charles W. Burkett (2) I.D. Number							
(3) Cover Period	(3) Cover Period / / through / / (4) Page of						
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	1.555.55	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
NA	MIA	NA	NA	4/4	NIA	NIA	NA
NA							
1 1							
1 1							
1 1							
1 1							
1 1						14	
1 1							

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name _	Charks	W. BUCKETT	(2) I.D. Number

(3) Cover Period	211	/ <u>30</u> through <u>3 / 30 / 30</u>	(4) Page	\ of	
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(5)	(7)	(8)	(9)	(10)	(11)
(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
a/5/a0	GODAddy.COM 14455 N. Hayden Rd. #100 Scottsdare, AZ 85360	waste a marketing tools	mon		\$5.99
3/11/90	Colorcopies USA	Flyers	Wa		\$ 46545
3/18/20	Acbeld Silva 568 NW1095+. MIAMO, FL 33168	Lawnsign	mon		B100.00
3/390	Town of surficide 9293 Hording Abe. Surfside, FL 33154	Public Records LEF	wou		BP19B
3 A0/30 5	1355 Market St Son Francisco, CA	ads	Weu		æ99.00
9/39/30	Town of surkside 9293 Hording Ave. Surkside, FL 33154	Public Rewids 12st	NOU		at 6-00
/ /					
/ /					



Name Charles (DBONOTH	OFFICE USE ONLY
I.D. Number	
Address (number and street)	
City, State, Zip Code	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
THE ASSESSMENT OF THE SECOND O	
☐ Mayor	
Commissioner, District	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sul	o-Area
REPORT IDEI	
Report Name 35 P) Cover Period	3-1-30 through 3-30 -30
Report Type Original Amendment	
	CATION
	on to falsify a public record (ss. 839.13, F.S.)
Chale W. Barke H	correct, and complete. Charles W. Burkett
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
<u>x</u> //	x/
Signature	Signature



(1) Name	Chorles W. Bu	orkett	(2) I.D. Number	
			3-1-30 through <u>3</u>	
(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
	<i>/</i>			

CAMPAIGN TREASUR	CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Charles W. Burkett	OFFICE USE ONLY						
Name							
(2) 1332 Biscaya Drive							
Address (number and street) Surfside, FL 33154	MAR5 128 12:89PM						
City, State, Zip Code							
☐ Check here if address has changed	(3) ID Number:						
(4) Check appropriate box(es):							
☑ Candidate Office Sought: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐							
☐ 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						
individual making electioneering communications/							
(5) Report Identifiers							
Cover Period: From 3 / 3 / 30	To 3 /5 / 30 Report Type: 11 P 1						
✓ Original							
(6) Contributions This Report	(7) Expenditures This Report						
	Monetary						
Cash & Checks \$, ,	Expenditures \$, <u>a</u> , <u>356</u> . <u>53</u>						
Loans \$,, O Transfers to							
	Office Account \$, , .						
Total Monetary \$,,							
•	Total Monetary \$, , <u>356</u> . <u>53</u> *						
In-Kind \$,, <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>							
	(8) Other Distributions						
	\$,						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, 10, 100	\$, <u>3</u> , <u>737</u> . <u>04</u>						
(11) C	ertification						
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	(Type name) Charles W. Burkett						
☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer or electionegring comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)						
10 Aliman Alan	/ <i>Y</i>						
x Bubbanbaner	<u>x</u> //						
Signature	Signature SEE REVERSE FOR INSTRUCTIONS						
DS-DE 12 (Rev. 11/13)	// SEE REVERSE FOR INSTRUCTIONS						

(1) Name Charce W-Burkett (2) I.D. Number								
(3) Cover Period	(3) Cover Period <u>3</u> / <u>31</u> / <u>30</u> through <u>3</u> / <u>5</u> / <u>30</u> (4) Page of							
(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	
NA	HJA	NA	N/A	NA	NIA	N/A	NIA	
NIA								
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1 1								

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

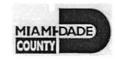
(1) Name Charles W	Burkett	(2) I.D. Number

(3) Cover Period $\frac{\partial}{\partial x} / \frac{\partial x}{\partial y} / \frac{\partial y}{\partial y}$ through $\frac{\partial}{\partial y} / \frac{\partial y}{\partial y} = \frac{1}{2}$ of $\frac{\partial}{\partial y} / \frac{\partial y}{\partial y} = \frac{1}{2}$	of
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			·	1	
(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)
(6) Sequence Number	Street Address & City, State, Zip Code	contribution to a candidate)	Expenditure Type	Amendment	Amount
2/34/30 1	TWITTER 1355 MOVETST. Son Francisco, CA	ads	mon		B0.08
3/24/30	Roboca Silva 568 NW 1095+ Miami, FL 33168	campaign help	mon		B100.00
0 /25/20 3	Image PILL Graphics 1440 NE 131 St. N MIA FL 33161	letter to residents	Mon		&1540·10
<u>2/26/40</u>	Facebook I Hackerway Menio Pork CA 94035	ads	wou		\$ 35.00
3/2/20 5	Farebook I Macker Way Mento Pork, CA 94035	ads	MOU		\$ 65,00
3/3/30 6	Adobe 345 Park Ave. Son Jose, CA 95110 - 2704	movering tools	WeV		B 9.99
3/2/20 7	Rebeca Silva 568 NW 109 St. Mia FL 33168	campoign help	MOR	1 7 8	00.26 db
3 /3 /80 8	Facebook 1 Hacter Way Menio Park, CA 94025	online	woo		B 35 00



(1) Name	CAMPAIGN TREASURER'S RE	PORT – ITEMIZED	EXPENDIT 2) I.D. Number		
(3) Cover Perio	d <u> </u>	5130	1) Page _	of _	<u>a</u>
(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)	(11) Amount
3/4/20	COTO-COPIES USA 140 NE 3270 CT Ft. Lauderdole, FL 33334	Flyers	mon		多りを
Pendy 3 5/30	Facebook I Hacker way Menio Park, CA 94025	Online ads	mos		90.02B
3 /2 /90 11	GO Daddy 14455 N. Hayden Ad #100 Scottsdave, EAZ 85360	website and movering tooks	man		PP.OE-
/./					
/ /					
_//					
//					
//					



Name Charles W. Burkett	OFFICE USE ONLY				
I.D. Number	<u> </u>				
Address (number and street)	MAR5 '20 12:09PM				
City, State, Zip Code Surfaide, 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 IDEN	ITIFIERS				
Report Name 11 P Cover Period	3.21-90 through 35-90				
Report Type Original Amendment					
CERTIFIC					
Correct, and complete. Charles W. Buck H	I certify that I have examined this report and it is true, correct, and complete. (Type name) Candidate				
X Signature	Xignature				



(1) Name	Charles W-BUT	att		MAR5 '20 12 (2) I.D. Number	:09PM
(3) Report	Name II P I	(4) Cover Period	9-91-98	through <u> </u>	5-90
(5) Report	Type ☐ Original ☐ Amendment	(6) Page	1	of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type
			/		
	,-	\longrightarrow			
				\	

(2) Charles W. Burkett Name (2) 1332 Biscaya Drive Address (number and street) Surfside, F.L 33154 City, State, Zip Code Check here if address has changed (3) ID Number: (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Candidate Office Sought: Check here if PC or ECO has disbanded Check here if PTY has disbanded Che		CAMPAIGN TREASURER'S REPORT SUMMARY					
Address (number and street) Surfiside, FL 33154	(1)	Charles W. Burkett	OFFICE USE ONLY				
Address (number and street) Surfside, FL 33154 City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: Candidate	(0)						
Surfside, FL 33154 City, State, Zip Code Check here if address has changed (3) ID Number:	(2)						
Check here if address has changed							
(4) Check appropriate box(es): Candidate Office Sought:		City, State, Zip Code					
Candidate Office Sought:		☐ Check here if address has changed	(3) ID Number:				
Political Committee (PC) Electioneering Communications Org. (ECO) Electioneering Communications Org. (ECO) Electioneering Communications org. (ECO) Electioneering Communications Check here if PTY has disbanded Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if PTY has disbanded Check here if PTY has disb	(4)	Check appropriate box(es):					
Electioneering Communications Org. (ECO) 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 Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if PTY has disbanded Check here if PTY							
Party Executive Committee (PTY)			Check hore if BC or ECO has disharded				
(5) Report Identifiers Cover Period: From 3 / 2 / 30 To 6 / 15 / 30 Report Type: 18 TRG Original Amendment Special Election Report (6) Contributions This Report (7) Expenditures This Report Cash & Checks \$, , , , , , , , , , , , , , , , , ,		☐ Party Executive Committee (PTY)	<u></u>				
(5) Report Identifiers Cover Period: From 3 / 2 / 30 To 6 / 30 Report Type: 18 TRG Original Amendment Special Election Report (6) Contributions This Report Cash & Checks \$, , ,		independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed				
Cover Period: From 3 / 3 / 3 / 3		entities and making closurous in growing communications/					
Amendment		3					
Amendment	Cove	er Period: From 3 / 3 / 30 To	6 / 15 / 20 Report Type: 18 TRG				
Monetary Expenditures \$							
Cash & Checks \$	(6)	Contributions This Report	(7) Expenditures This Report				
Transfers to Office Account \$, ,							
Total Monetary \$, OC Office Account \$,,	Cash	n & Checks \$,,	Expenditures \$, <u>6</u> , <u>180</u> · <u> 11</u>				
Office Account \$, ,	Loan	s \$, ,	Transfers to				
Total Monetary \$,			Office Associate the				
(8) Other Distributions (9) TOTAL Monetary Contributions To Date \$	Total	Monetary					
(8) Other Distributions (9) TOTAL Monetary Contributions To Date \$			Total Monetary \$, _(_o, _\80^)				
(9) TOTAL Monetary Contributions To Date \$	In-Kı	nd \$,, <u>\&</u> .					
(9) TOTAL Monetary Contributions To Date \$,			¢.				
(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 (Type name) Charles W. Burkett (Type name) Chairperson (only for PC and PTY) X August Manuel M			, 12				
(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 Treasurer Deputy Treasurer or electioneering comm.) X Deputy Treasurer Deputy Treasurer X	(9)	TOTAL Monetary Contributions To Date					
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 (Type name) Charles W. Burkett (Type name) Chairperson (only for PC and PTY) Treasurer Deputy Treasurer X X	In	sludes \$1,000. in kind contraction	\$, <u>10</u> , <u>100</u> . <u>00</u>				
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 or electioneering comm.)	(11) Certification						
(Type name) Deborah B. Baker ☐ Individual (only for IE or electioneering comm.) X ☐ Deputy Treasurer ☐ Chairperson (only for PC and PTY) X X X							
☐ Individual (only for IE or electioneering comm.) Treasurer ☐ Deputy Treasurer Chairperson (only for PC and PTY)							
x Duly B Baker x		Individual (only for IE Treasurer Deputy Treasurer					
	or e	electioneering comm.)	☐ Grairperson (only for PC and PTY)				
	Х	NUMMAN B DAMES	x //				
	Sig	gnature	Signature				



(1) Name	Charles W.B	urkett	(2) I.D. Number	
(3) Report	Name 18 TRG	(4) Cover Period _	3 13 30 through 6-	15-20
(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)	
		3		

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(1) Name <u>C</u>	CAMPAIGN TREASURER'S REI		EXPENDIT 2) I.D. Number		
(3) Cover Period	d <u>3 / 13 / 30</u> through <u>6 /</u>	5130	4) Page	of _	
(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)	(11) Amount
3/16/20	Town of surfside 9293 Hording Ave. Surfside, F2 33154	Request	mon.		2d.041#
<u>3/20/20</u>	Twitter 1355 Morket St. Son Francisco, CA	Online	Mea		& 99-0€
4/6/20	GO Daddy 14455 N. Hayden Rd. #100 Scottsdare, AZ 85260	d morresing	Wou		451.96
4/10/20	Facebook I Hauser way Menlo Pork, CA 94025	online ad	Mon	N 10 10 10 10 10 10 10 10 10 10 10 10 10	P8.64
4/24/20	Charles Burkett 1333 Biscaya Dr. Surfside, FL 33154	Check to Close out Campayn account	mon	100	\$5905.66
_//		*			
//		<i>3</i> '			
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(1) Name	hores w. E	30 r	4+9	(2)	I.D. Number		
(3) Cover Period	3/13/30	throu	gh <u>(</u>	15/20	(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	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



	OFFICE USE ONLY
Name	
Charles W. Burkett	
	_
I.D. Number	
	_
Address (number and street)	
1330 BECAYOR.	
City, State, Zip Code	
Sortside, FL 33154	<u> </u>
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
Mayor Mayor	
☐ Commissioner, District	
	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sub	o-Area
REPORT IDE	NTIFIERS
	3-12-16 16
Report Name 18 TRG Cover Period	15-60 through 6 15-60
Report Type Original	
CERTIFI	CATION
It is a first degree misdemeanor for any pers	
I certify that I have examined this report and it is true,	I certify that I have examined this report and it is true,
correct, and complete.	correct, and complete.
Charle W. Bucket	Charles W. Burkett
(Type name)	(Type name) Candidate
1 Teasurer — Deputy Heasurer	(Type maine)
<i>K</i> /	
x / X	X /
Signatura	Signature
Signature	S ignature

CAMPAIGN TREASUR	ER'S REPORT SUMMARY
Address (number and street) Surful City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	OFFICE USE ONLY MAY19 20 11:00AM TOWN OF SURFSIDE
Cover Period: From 3 / 13 / 30 T	
(6) Contributions This Report Cash & Checks \$,,	(7) Expenditures This Report Monetary Expenditures \$, 6 , 20 . 11 Transfers to Office Account \$,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$, 10, 100 . 00
	ertification rson to falsify a public record (ss. 839.13, F.S.) Direct, and complete: (Type name) Candidate Chairperson (only for PC and PTY) X Signature



(1) Name	Charles W. Bi	ortett		(2) I.D. Number	
(3) Report	Name 18 T R.G	(4) Cover Period _	3.13.40	through	15.00
(5) Report	Type Diginal Mamendment	(6) Page		of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type
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			/		District No.
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	horles	W-Burker	++	(2) I.D. Num	ber		
(3) Cover Period	3/13	100 through (o	115120	(4) Page	1	of	

(5)	(7)	(8)	(9)	(10)	(11)
(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
3/16/90 1	Town of sure ide 9893 Hoding Ave. Sureide, FL 33154	Records Reguest	M00.		20.061B
3 by30 2	TWHEN 1355 MONEY ST. SON FRONCISCO, CA	onineads	Mou		B99.00
4 /6 /20	Go Daddy 14455 N. Hayden Rd. #100 Scottedale, AZ 85360	Mederite a morrering to DIS	Mon		\$51.96
4/10/20	Facebook I Hacker way Menio Pork, CA 94036	ads	MOU		¥ 8.6 ₽
4 24/20	Charles 12. Burkett 1338 Breaga Dr. Surferde, FL 33154	Check to Close out Campaign account	mon.		d ∂.€ 0P∂ &
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(1) Name <u></u>	norks W. Bur	vet	+	(2)	I.D. Number	E	
	3 1 13 130						of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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(-,	OFF KE	VERSE FUR I	SIKUCTIONS	AND CODE VAL	UES	



	OFFICE USE ONLY
Name	
Charles W. Burkett	
I.D. Number	
i.b. Number	
Address (number and street)	
1333 Bizcaya 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	o-Area
REPORT IDEN	ITIFIERS
Report Name 18 TRG Cover Period	3-13:20 through (0-15:40
Cover Period	S P CC tillough C B 80
Report Type Original Amendment	
CERTIFI	CATION
It is a first degree misdemeanor for any pers	
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true,
On the state of th	correct, and complete.
verovan b ball	Charles W. Burkett
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
VIOLATA A DALLA	
* / June an mill	X // /
Signature	Signature

CAMPAIGN TREASURE	R'S REPORT SUMMARY
Name (2) 1333 B SCOYA FO Address (number and street) South State, Zip Code City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	OFFICE USE ONLY MAY 19 20 18:59A TOWN OF SURFSIDE
Cover Period: From / / / / To	t Identifiers 2030 1 131 1 30 Report Type: Decial Election Report
(6) Contributions This Report Cash & Checks \$,,	(7) Expenditures This Report Monetary Expenditures \$,, S94. 12
Loans \$	Transfers to Office Account \$, Total Monetary \$
In-Kind \$,,	(8) Other Distributions
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
It is a first degree misdemeanor for any per I certify that I have examined this report and it is true, con (Type name) Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer X X X X X X X X X	rtification son to falsify a public record (ss. 839.13, F.S.) rect, and complete: (Type name) Candidate Chairperson (only for PC and PTY)

(1) Name <u>C</u>	<u>Charles W.B.</u>	טראנ	2++	(2) I.D. Numbe	·		
(3) Cover Period 1 / 1 / 30 through 1 / 31 / 30 (4) Page 1 of 1								
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	C	(8)	(9) Contribution	(10)	(11)	(12)	
Number 1 / 1 & O	City, State, Zip Code Charks W. Burkett Burkett U334 Becaya Dr. Surfette, FL. 33154		Occupation Trivestor		Description Donate mailing lest to	Amendment	Amount	
1 1								
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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Chorles Willy ruett	(2) I.D. Number
(3) Cover Period 1 / 1 / 20 through 1 / 21 / 20	//\Page \ of A

(8)	17\	1 /01	(0)	1 (40)	1 (44)
(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
1/6/30	Go Daddy. Com 14455 N. Hayden Rd. # 100 Scottedar, AZ 85260	morketing morketing 2100+	MoU		\$ 80.00
1/6/AE	Go Daddy-com	mensite and maniching tools	wou		E1.146 &
1/8/20	Go Davidy. com	marketing tools	wed		\$14.99
1/9/20	Miami-Dade Electrons Dept. 2700 NW 87 Auc. Mrami, FL 33172	Mail ing 1954	Mon		Ov.06&
1 /23/20 5	Go Daddy. Com 14455 N. Maydon Rd. # 100 Scottsdale, AZ. 85360	marketing tools	won		96.58
<u>06/76\ 1</u>		Signs Yord Signs	Wed		P8-JP14
1 /38/30 7	Imprint i com 14550 Berchautst. Houston, TX 77083	Campayon Yard Signs (refund)	Ref		मैं १५७०)
8 1 /24/30		morketing tools	won		B9,94

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES (1) Name (2) I.D. Number							
	od 1 / 1 / 30 through 1				9		
(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)	(11)		
1 69/20	Imprint Com 1450 Beechout St. Howson, TX 77083	Campargn Yard Signs	wou		& 4 AS 25		
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	CERTAR HAR ONLY
Name	OFFICE USE ONLY
Charles W. Burkett	1
I.D. Number	1
	[
Address (number and street)	
1332 Biscaya Dr.	
	-
City, State, Zip Code	
Surfside, FL 33154	
CHECK IF ADDRESS HAS CHANGED	- 1-4-7
Candidate for:	
	y
☐ Mayor	
Commissioner, District	
	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
Community Council, Area, Su	ub-Area
REPORT IDE	NTIFIERS
Report Name <u>3030 m1</u> Cover Perio	d 1-1- 90 through 1-31-90
Report Type Griginal Amendment	
Report Type La Original La Amendment	
CEDTIE	
	CICATION
report and it is true	son to falsify a public record (ss. 839.13, F.S.)
correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Charles W. Durkett	(Ch. 1 1) R. a 1 1
	Charles W. Durkett
(Type name)	(Type name) 🚨 Candidate
AL 11	22 11
X MA: IN	1/1
Signature //	X
Olgylatere //	Mgnature/



(1) Name	Chales	W. Bu	rkett		(2) I.D. Number	
					30 through 1~3	
(5) Report	Type Criginal	Amendmen	t (6) Page	1	of	
(7) Row Number	(8) Full Na (Last, Suffix, Fl	ime	(9) Employed By	Name of ((10) Organization Employed By rectly hired by campaign)	(11)
NA	NIA		n/A		N/A	N/A
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	CAMPAIGN TREASURER'S REPORT SUMMARY								
	,1) 	Chares W. Burkett	OFFICE USE ONLY						
	(2)	1330 BISCOYD Dr.	MAY19820 11:00AM						
		Address (number and street) Surfs de FL 33154	TOUR OF SUPERSON						
		City, State, Zip Code	TOWN OF SURFSIDE						
		Check here if address has changed	(3) ID Number:						
	(4)	Check appropriate box(es):							
	☐ Candidate Office Sought: ☐ 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						
	Cov		2100100 Report Type: 2517						
		riginal Amendment	ecial Election Report						
	(6)	Contributions This Report	(7) Expenditures This Report						
			Monetary						
	Casi	h & Checks \$,, _O	Expenditures \$, , <u>686 . 34</u>						
	Loar	s \$,, <u>0</u> <u>0</u> 0	Transfers to Office Account \$						
	Tota	Monetary							
	In-Ki		Total Monetary \$, , 686 34						
			(8) Other Distributions						
			\$,						
	(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
		\$	\$						
		(11) Cert It is a first degree misdemeanor for any pers	ification on to falsify a public record (ss. 839.13, F.S.)						
	l c	ertify that I have examined this report and it is true, corre							
1		(pe name) Jun kull	(Type name) C. Burkelt						
		Individual (only for IE	Candidate Chalrperson (only for PC and PTY)						
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L	-	nature	Signature						
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-	(1) Name (2) I.D. Number							
. gr	(3) Cover Period 3 / 1 / 30 through 3 / 30 / 30 (4) Page 1 of 1							
	(5) Date	(7)		(8)	(9)	(10)	(11)	(12)
	(6)	Full Name (Last, Suffix, First, Middle)						*
	Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	
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CAMPAIGN	TREASURER'S REPORT -	ITEMIZED	EXPENDITURES
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(1) Name Charles W. Burkett	(2) I.D. Number
(3) Cover Period <u> </u>	(4) Page of

(5)	(7)	(8)	(9)	(10)	(11)
(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
3/5/30	GODARDY.COM 14455 N.Hayden Rd. #100 Scottsday, AZ 85360	markering thools	wen		\$5.99
3/1V30	COIOCCOPYES USA	Flyers	wa		&46345
<u>3/18/20</u>	Acbera Silva 568 NW1095+. Miamo FL 33168	Dretupna Parusidu	mon		& 10000
3 /3930	Town of Surfside 923 Hording Ave. Surfside, FL 33154	Public Records List	wor		89,90
<u>a 80/80</u> 5	1395 Market St San Francisco, CA	ads	Weu		\$99.00
<u>3/39/30</u> &	town of surfide 923 Horsing Ave. Surfside, FL 23154	Public Debids 12+	WOU		at 6-00
//					
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Name Charles (D Bonk+11- I.D. Number Address (number and street)	OFFICE USE ONLY
1338 BISCAYORD	
City, State, Zip Code	
☐ CHECK IF ADDRESS HAS CHANGED	*
Candidate for: Mayor Commissioner, District Property Appraiser Clerk of the Circuit Courts Community Council, Area, Sub	o-Area
REPORT IDEN	ITIFIERS
Report Name 35 P) Cover Period	3-1-30 through 3-30-30
Report Type L'Original Amendment	,
It is a first degree misdemeanor for any person	
correct, and complete. Charles W. Burke H	I certify that I have examined this report and it is true, correct, and complete. Charles W. Burkett (Type name) A Candidate



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

(1) Name	Charles W. B	Urkett	(2) I.D. Number	
(3) Repor	t Name 35 Pi	_ (4) Cover Period	9.1.90	_through <u>a c</u>	90-90
(5) Repor	t Type L Original L Amendmer	nt (6) Page		_ 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
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CAMPAIGN TREASURE	R'S REPORT SUMMARY
1) Chares W. Burkett	OFFICE USE ONLY
(2) 1336 Biscaya Pr. Address (number and street) Sureside, FL 33154 City, State, Zip Code	TOWN OF SURFSIDE
Check here if address has changed	(3) ID Number:
☐ Party Executive Committee (PTY)	☐ 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
	3 /5 / 30 Report Type: 11 P 1
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,, <u>S</u> <u>OO</u>	Monetary Expenditures \$,, 356. 53
Loans \$,	Transfers to Office Account \$,,
Total Monetary	Total Monetary \$, <u> </u>
	(8) Other Distributions \$,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
It is a first document of the control of the contro	tification
Certify that I have examined this report and it is true, correctly that I have examined this report and it is true, correctly true, correctly treasurer or election comm.) Correctly that I have examined this report and it is true, correctly true, cor	on to falsify a public record (ss. 839.13, F.S.) ect, and complete: (Type name) Candidate The Chairperson (only for PC and PTY)
Signature	Signature
DS DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name	have will	74K	ett	(2) I.D. Numbe	r	
(3) Cover Period	1 <u>8 18 6</u> b	2 throu	gh <u> </u>	5_130	(4) Page	9	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
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N/A	,			·			
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___ CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles (D. Burkett	(2) I.D. Number
(3) Cover Period 2 / 21 / 20 through 3 / 5 / 20	(4) Page 1 of 3

•			(4) rage	vi -	<u> </u>
(6) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8) Purpose (add office sought if	(9)	(10)	(11)
Sequence Number	Street Address & City, State, Zip Code	contilbútion to a candidate)	Expenditure Type	Amendment	Amount
2/8¥80 1	TWITTER 1355 MOVETSTO SON FRONCISCO, CA	onithe ads	mon		₽ 50.0€
3 /24/30 6	Roboca Silva 568 NW 109st Miami, FL 33168	helt	non		<i>⊕10</i> 0.0(
2 /25/20 3	Trage Plus Graphics 1440 NE 131 St. Nma FL 33161	letter to residents	WoJ	·	& 1≎H 0•1 0
2/26/90	Facebook I Hackerua g Menio Pork CH 94035	entire ads	wa		& 35×00
3/3/20 5	Facebook I Macker Way Mento Pork, CH 94035	on the	MOV		\$ 92,00
0 (S	Adobe 345 Park Ave. Sanjose, CA 95110-2704	marketing tools	WOU		B 9. 9 0
3 <u>A</u> <u>A</u> 0	Rebeca Silva 508 NW 109 st. MIA FL 33168	campoign belp	mon	4	00264
	raubook 1 Hauterway Menio fark, CA 94025	online ads	WoJ		00 26 d

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CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles W. Buckett	(2) I.D. Number
(3) Cover Period <u>2/21/20</u> through <u>3/5/20</u>	(4) Page <u>A</u> of <u>A</u>

			-/ - age <u></u>	~~~	
(6) Date	(7) Full Name	(8) Purpose	(9)	(10)	(11)
(8) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/4/20 9	COLO-COPIES USA 140 NE 33 AGE FT. LAUDERADE FL 33334	Flyers	won	,	BH CONTR
Perol 3 3 5 /30	Facebook I Hacker way Menio Park, CA 94025	online ads	mon		350.0 0
Persy 3 \$ (40 11	Go Daddy 14455 N. Hayden Pd #100 Scottsdave, EAZ 85260	movering movering	Ma		PP.OC-&
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11					

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	OFFICE HOP ONLY
Name	OFFICE USE ONLY
Charles W. Burkett	
I.D. Number	2
	<u> </u>
Address (number and street)	
1332 BISCAYA Dr.	
City, State, Zip Code	
Surfaide, FL 33154	
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor	
Vicinity Representation of the State Co.	
☐ Commissioner, District	
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, S	ub-Area
REPORT IDE	ENTIFIERS
Report Name 11 P Cover Perio	d <u> </u>
	u O o u u u u u u u u u u u u u u u u u
Report Type [riginal	
	FICATION
It is a first degree misdemeanor for any per certify that I have examined this report and it is true,	son to falsify a public record (ss. 839.13, F.S.)
correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.
Ω	Collect, and complete.
(Type name) Treasurer Reports Treasurer	Charles W. Wukkett
(Type name)	(Type name) Candidate
h	A.
X	v // //
Mynature	21 V. // ()
	Signature //

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name	Charles W-BUr	LQ ++	(2) I.D. Number	- المسيد
(3) Report	Name 11 P 1	(4) Cover Period	9-91-90	_through_3-5	2-90
(5) Report	Type Goriginal 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 hir	ion Employed By	(11) Amendment Type
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		X	\		
	50 and 50				
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			_		
				1	
X					

CAMPAIGN TREASURI	ER'S REPORT SUMMARY
1) Charles W. Burket	OFFICE USE ONLY
Name (2) 1333 BISCAYA DT.	MAY19 20 11:00AM
Address (number and street)	TOWN OF SURFSIDE
Surfside, FL 33154	
City, State, Zip Code	(3) ID Number:
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es): Candidate Office Sought:	
Political Committee (PC)	
☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded
☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed
individual making electioneering communications)	
(5) Repo	rt Identifiers
Cover Period: From 3 / 6 / 30 To	0 3 / 13 / 30 Report Type: 4+1
☐ Original ☐ Amendment ☐ S	pecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
	Monetary
Cash & Checks \$,,	Expenditures \$, , \(\subseteq \le 5\)
Loans \$, .	Transfers to
	Office Account \$, ,
Total Monetary \$, ,	
In-Kind \$	Total Monetary \$, , <u>188</u> . <u>85</u>
In-Kind \$, _1, _00000	(8) Other Distributions
	\$,
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
\$, 10, 100.	\$, <u>3</u> , 919. 89
, , , , , , , , , , , , , , , , , , , ,	, 3, 11, 21
	ertification rson 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)	(Type name) Ch Dunk H
☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer	Candidate Chairperson (only for PC and PTY)
or electioneering comm.)	
x // \	WY V
Signature	Signature
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	Jan 10	m. Burkett		(2) I.D. Number	
(3) Cover Period	311	o 180 through 3	112120	(A) Page	of \

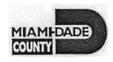
(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
3/6/20	Town of surfside 9292 Harding Ave. Surfside, FL 33154	Aublic Records List	mon.	3	ので、「毎
3/9/20	FOLL BOOK I HACKET WAY MENTO PORK, CA 94035	online	mon		00.2T#
3/11/ac	Fare book I Hacker Way Menio Park, CA	0.43	man.		\$ 49.4°T
3/11/60	Town of Surfside 9893 Mording Ave. Surfside, FL 33154	Public Records List	Wa		81.1CA
/ /					
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

	od 3/6 80				(4) Page	1	
(5) Date	(7) Full Name	- Tentrolet	(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code		ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
9 PIE	Victor May 9117 Frowle Ale Sureside, FL 33154	I	Detind	INK	Endorse -		4,000,4
1 1							
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1 1	PALIS .						
1 1					3		

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



Name Chares W. Burkett I.D. Number	OFFICE USE ONLY
Address (number and street)	
City, State, Zip Code Surface, FL 33 154 CHECK IF ADDRESS HAS CHANGED	_
Candidate for:	
	Area
REPORT IDEN	TIFIERS
Report Name 4 6 1 Cover Period	3-6-30 through 3-13-30
Report Type Original Amendment	
CERTIFIC	
correct, and complete. De bowlh Balch	certify that I have examined this report and it is true, correct, and complete. Chaeles W. Burke H. (Type name) PCandidate
x Walled Baller Signature	X

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name	Charks W. Bun	60++	*	(2) I.D. Number	
(3) Report	Name 4P1	(4) Cover Period	3-6-20	through	3.19.90
(5) Report	Type Doriginal Amendment	(6) Page	1	of\	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organiz	10) ation Employed ired by campai	(11) Amendment gn) Type
		35-02-			
Alle Control of the					2,29,22
			X		
				· · · · · · · · · · · · · · · · · · ·	
		mouse moiosi o			
F 94					

(2) Charles W. Burkett Name (2) 1332 Biscaya Drive Address (number and street) Surfside, F.L 33154 City, State, Zip Code Check here if address has changed (3) ID Number: (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Candidate Office Sought: Candidate Office Only of PC and PTY) Candidate Office Sought: Candidate Office Only of PC and PTY) Candidate Candidate Only for E Candidate Check here if PC or ECO has disbanded Check here if		CAMPAIGN TREASURE	R'S REPORT SUMMARY		
Address (number and street) Surfiside, FL 33154	(1)	Charles W. Burkett	OFFICE USE ONLY		
Address (number and street) Surfside, FL 33154 City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: Candidate	(0)				
Surfside, FL 33154 City, State, Zip Code Check here if address has changed (3) ID Number:	(2)				
Check here if address has changed					
(4) Check appropriate box(es): Candidate Office Sought:		City, State, Zip Code			
Candidate Office Sought:		☐ Check here if address has changed	(3) ID Number:		
Political Committee (PC) Electioneering Communications Org. (ECO) Electioneering Communications Org. (ECO) Electioneering Communications org. (ECO) Electioneering Communications Check here if PTY has disbanded Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if PTY has disbanded Check here if PTY has disb	(4)	Check appropriate box(es):			
Electioneering Communications Org. (ECO) 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 Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if no other IE or EC reports will be filed Check here if PTY has disbanded Check here if PTY					
Party Executive Committee (PTY)			Check here if BC or ECO has disharded		
(5) Report Identifiers Cover Period: From 3 / 2 / 30 To 6 / 15 / 30 Report Type: 18 TRG Original Amendment Special Election Report (6) Contributions This Report (7) Expenditures This Report Cash & Checks \$, , , , , , , , , , , , , , , , , ,		☐ Party Executive Committee (PTY)	<u></u>		
(5) Report Identifiers Cover Period: From 3 / 2 / 30 To 6 / 30 Report Type: 18 TRG Original Amendment Special Election Report (6) Contributions This Report Cash & Checks \$, , ,		independent Expenditure (IE) (also covers an individual making electioneering communications)	Check here if no other IE or EC reports will be filed		
Cover Period: From 3 / 3 / 3 / 3		entities and making closurous in growing communications/			
Amendment		3			
Amendment	Cove	er Period: From 3 / 3 / 30 To	6 / 15 / 20 Report Type: 18 TRG		
Monetary Expenditures \$	0				
Cash & Checks \$	(6)	Contributions This Report	(7) Expenditures This Report		
Transfers to Office Account \$, ,					
Total Monetary \$, OC Office Account \$,,	Cash	n & Checks \$,,	Expenditures \$, <u>(o, 180 ·) \</u>		
Office Account \$, ,	Loan	s \$, ,	Transfers to		
Total Monetary \$,			Office Associate the		
(8) Other Distributions (9) TOTAL Monetary Contributions To Date \$	Total	Monetary			
(8) Other Distributions (9) TOTAL Monetary Contributions To Date \$			Total Monetary \$, _(_o, _\80^)		
(9) TOTAL Monetary Contributions To Date \$	In-Kı	nd \$,, <u>\&</u> .			
(9) TOTAL Monetary Contributions To Date \$,			¢.		
(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 (Type name) Charles W. Burkett (Type name) Chairperson (only for PC and PTY) X August Manuel M			, 12		
(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 Treasurer Deputy Treasurer or electioneering comm.) X Deputy Treasurer Deputy Treasurer X	(9)	TOTAL Monetary Contributions To Date			
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 (Type name) Charles W. Burkett (Type name) Chairperson (only for PC and PTY) Treasurer Deputy Treasurer X X	In	sludes \$1,000. in kind contraction	\$, <u>10</u> , <u>100</u> . <u>00</u>		
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 or electioneering comm.)	(11) Certification				
(Type name) Deborah B. Baker ☐ Individual (only for IE or electioneering comm.) X ☐ Deputy Treasurer ☐ Chairperson (only for PC and PTY) X X X	M 90 W				
☐ Individual (only for IE or electioneering comm.) Treasurer ☐ Deputy Treasurer Chairperson (only for PC and PTY)					
x Duly B Baker x		Individual (only for IE Treasurer Deputy Treasurer			
	or e	electioneering comm.)	☐ Grairperson (only for PC and PTY)		
	Х	NUMMAN B DAMES	x //		
	Sig	gnature	Signature		

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(1) Name <u>C</u>	CAMPAIGN TREASURER'S REI		EXPENDIT 2) I.D. Number		
(3) Cover Period	d <u>3 / 13 / 30</u> through <u>6 /</u>	5130	4) Page	of _	
(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)	(11) Amount
3/16/20	Town of surfside 9293 Hording Ave. Surfside, F2 33154	Request	mon.		2d.041#
<u>3/20/20</u>	Twitter 1355 Morket St. Son Francisco, CA	Online	Mea		& 99-0€
4/6/20	GO Daddy 14455 N. Hayden Rd. #100 Scottsdare, AZ 85260	d morresing	Wou		451.96
4/10/20	Facebook I Hauser way Menlo Pork, CA 94025	online ad	Mon	N 10 10 10 10 10 10 10 10 10 10 10 10 10	P8.64
4/24/20	Charles Burkett 1333 Biscaya Dr. Surfside, FL 33154	Check to Close out Campayn account	mon	100	\$5905.66
_//		*			
//		<i>3</i> '			
//					

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Charles W. Burvett (2) I.D. Number							
(3) Cover Period	3/13/30	throu	gh <u>(</u>	15/20	(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	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1	NIA	MA	NA	NA	NIA	NA	NIA
1 1							
1 1							
1 1							
1 1						20	
	A						
1 1							
1 1							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



	OFFICE USE ONLY
Name	
Charles W. Burkett	
	_
I.D. Number	
	_
Address (number and street)	
1330 BECAYOR.	
City, State, Zip Code	
Sortside, FL 33154	<u> </u>
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
Mayor Mayor	
☐ Commissioner, District	
	_
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Sub	o-Area
REPORT IDE	NTIFIERS
18 - 6 3	3-12-16 16
Report Name 18 TRG Cover Period	15-60 through 6 15-60
Report Type Original	
CERTIFI	CATION
It is a first degree misdemeanor for any pers	
I certify that I have examined this report and it is true,	I certify that I have examined this report and it is true,
correct, and complete.	correct, and complete.
Charle W. Bucket	Charles W. Burkett
(Type name)	(Type name) Candidate
1 Teasurer — Deputy Heasurer	(Type maine)
<i>K</i> /	
x / X	X /
Signatura	Signature
Signature	S ignature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name	Charles W.B	urkett	(2) I.D. Number			
(3) Report	Name 18 TRG	(4) Cover Period _	3 13 30 through 6-	15-20		
(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)			
		3				

CAMPAIGN TREASUR	ER'S REPORT SUMMARY			
Address (number and street) Surful City, State, Zip Code Check here if address has changed (4) Check appropriate box(es): Candidate Office Sought: Political Committee (PC) Electioneering Communications Org. (ECO) Party Executive Committee (PTY) Independent Expenditure (IE) (also covers an individual making electioneering communications)	OFFICE USE ONLY MAY19 20 11:00AM TOWN OF SURFSIDE			
(5) Report Identifiers Cover Period: From 3 / 13 / 30 To 6 / 15 / 30 Report Type: 18TF				
Original	(7) Expenditures This Report Monetary Expenditures \$, 6 , 20 . 11 Transfers to Office Account \$,			
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date \$, 10, 100 . 00			
	ertification rson to falsify a public record (ss. 839.13, F.S.) Direct, and complete: (Type name) Candidate Chairperson (only for PC and PTY) X Signature			

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	horles	W-Burker	++	(2) I.D. Num	ber		
(3) Cover Period	3/13	100 through (o	115120	(4) Page	1	of	

(5)	(7)	(8)	(9)	(10)	(11)
(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
3/16/90 1	Town of sure ide 9893 Hoding Ave. Sureide, FL 33154	Records Reguest	M00.		20.061B
3 by30 2	TWHEN 1355 MONEY ST. SON FRONCISCO, CA	onineads	Mou		B99.00
4 /6 /20	Go Daddy 14455 N. Hayden Rd. #100 Scottedale, AZ 85260	Mederite a morrering to DIS	Mon		\$51.96
4/10/20	Facebook I Hacker way Menio Pork, CA 94036	ads	MOU		¥ 8.6 ₽
4 24/20	Charles 12. Burkett 1338 Breaga Dr. Surferde, FL 33154	Check to Close out Campaign account	mon.		d ∂.€ 0P∂ &
_//					
/ /					
//				1	

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name <u></u>	norks W. Bur	vet	+	(2)	I.D. Number	E	
	3 1 13 130						of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1 1	MIA	AN	N/A	NA	N/A	ALM	A/W
1 1							
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A (1)			To provide the second	er _a j			. 1
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DS-DE 13 (Rev. 11/1	3)	SEE DE	VEDGE FOR "	IOTALIA A	AND CODE VAL		
(-,	OFF KE	VERSE FUR I	SIKUCTIONS	AND CODE VAL	UES	



	OFFICE USE ONLY
Name	
Charles W. Burkett	
I.D. Number	
i.b. Number	
Address (number and street)	
1333 Bizcaya 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	o-Area
REPORT IDEN	ITIFIERS
Report Name 18 TRG Cover Period	3-13:20 through (0-15:40
Cover Period	S P CC tillough C B 80
Report Type Original Amendment	
CERTIFI	CATION
It is a first degree misdemeanor for any pers	
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true,
On the state of th	correct, and complete.
verovan b ball	Charles W. Burkett
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
VIOLATARIA DALLA	
* (UUM UUM DIKU !	X // /
Signature	Signature

PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



(1) Name	Charles W. Bi	ortett		(2) I.D. Number	
(3) Report	Name 18 T R.G	(4) Cover Period _	3.13.40	through	15.00
(5) Report	Type Diginal Mamendment	(6) Page		of	
(7) Row Number	(8) Full Name (Last, Suffix, First, Middle)	(9) Employed By	Name of Organiz	10) ation Employed By ired by campaign)	(11) Amendment Type
		*			
		Types and			
		And the second s			
			/		District No.
	2				
		Control of the Contro			i kai
					-