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

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

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

NOV 9 PM 2:05 SMC

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

NOTE: This form must be on file with the qualifying officer before opening the campaign account.	OFFICE USE ONLY				
1. CHECK APPROPRIATE BOX(ES):	0.1102 002 0.12.				
	Treasurer/Deputy Depository Office Party				
2. Name of Candidate (in this order: First, Middle, Last)  (Andles W. Burkett  4. Telephone  5. E-mail address  (305) 5171175 Charles Backette	3. Address (include post office box or street, city, state, zip code) 1332 Braga Driver Sunfrida 3717 +				
6. Office sought (include district, circuit, group number)	7 If a candidate for a nonpartisan office, shock if				
Mayor, town of Supfor	7. If a candidate for a <u>nonpartisan</u> office, check if applicable:  My intent is to run as a Write-In candidate.				
8. If a candidate for a <u>partisan</u> office, check block and fi	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 following person to act as my	Campaign Treasurer Deputy Treasurer				
10. Name of Treasurer or Deputy Treasurer  AGRES BULKET					
11. Mailing Address 1332 Biscaya Drive	12. Telepriorie				
13. Pity Dade 15. State 16. Zip Code 17. E-mail address Charles Hompan's LCV					
18. I have designated the following bank as my	Primary Depository Secondary Depository				
19. Name of Bank	20. Address				
21. City 22. County	23. State 24. Zip Code				
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ TH DESIGNATION OF CAMPAIGN DEPOSITOR	HE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND BY AND THAT THE FACTS STATED IN IT ARE TRUE.				
25. Date 11/9/23	26. Signature of Candidate				
Treasurer's Acceptance of Appointmen  I, (Please Print or Type Name)	fill in the blanks and check the appropriate block) , do hereby accept the appointment				
designated above as: Campaign Treasure	Deputy Treasurer.				
Date	Signature of Campaign Treasurer or Deputy Treasurer				

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

#### OFFICE USE ONLY

NOV 9 PM 2:05

SMC

1, (hartes Burket

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

Signature of Candidate

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

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

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

(PLEASE PRINT OR TYPE)

DS-DE 9 (Rev. 10/10)

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NOV 13 AH11:21 5110

NOV 9 PM 2:05 SMC

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

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 Bricaya Driva
4. Telephone 5. E-mail address	Surful 72 37NY
(305) 5171175 Charles & backette	impories.com
6. Office sought (include district, circuit, group number)	7. If a candidate for a <u>nonpartisan</u> office, check if
Mayor town of Suefr	applicable:  My intent is to run as a Write-In candidate.
8. If a candidate for a partisan office, check block and fill	in name of party as applicable: My intent is to run as a
Write-In No Party Affiliation	Party candidate.
9. I have appointed the following person to act as my	Campaign Treasurer Deputy Treasurer
10. Name of Treasurer or Deputy Treasurer	
11. Mailing Address 1332 Biscaya Drive	12. Telephone 3~5171175
13. City 14. County Dane 15. Sta	te 16. Zip Code 17. E-mail address  L 33154 Chanles Double Hoompanie LCV
18. I have designated the following bank as my	Primary Depository Depository
19. Name of Bank	20. Address
CITY NOTIONE WAIL	300 1117 UTVECT
21. City Man Beach Isle	23. State 24. Zip Code 33.141
	FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND AND THAT THE FACTS STATED IN IT ARE TRUE.
25. Date /	26. Signature of Candidate
11/9/23	<b>x</b> A
27. Treasurer's Acceptance of Appointment	fill in the blanks and check the appropriate block)
, (Malles Nurkett	, do hereby accept the appointment
(Please Print or Type Name)	/ D Downty Tonasson
designated above as: Campaign Treasurer	Deputy Treasurer.
1/19/ X/8	
Date	Signature of Campaign Treasurer or Deputy Treasurer

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

#### OFFICE USE ONLY

NOV 13 AM11:2167

NOV 9 PM 2:05

SINC

1, Charles Burke H

candidate for the office of May be

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

Signature of Candidate

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# **TOWN OF SURFSIDE**

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

# GENERAL ELECTION - MARCH 19, 2024

# RECEIPT OF DOCUMENTS

Candidate:	
Charle	William Burkett
First Name	Middle Name V Last name
	Office Sought (Mayor or Commissioner)
Phone No.	3059920102 Fax No.:
Cell Phone	::
E-Mail Ad	dress: Charle & bankett companies, Com
This is to a	acknowledge my receipt of the following documents:
Ò	The Florida Election Code (2022) – Digital Format (USB)
D	Candidate and Campaign Treasurer Handbook (2022) –  Digital Format (USB)
Ъ	Guide to the Sunshine Amendment and Code of Ethics (2023) – Digital Format (USB)
D	Reporting Dates Schedule (Election Date: March 19, 2024)
P	Campaign Activities Memorandum
Received l	Date: ///13/23
Received	Candidate Signature



# Town of Surfside

9293 Harding Avenue Surfside, Fl 33154

2	024 GENERAL MUNICIPAL ELECTION QUA	LIFYING PACKE	T
Name of C	Candidate (parles W. Mi	orke L	
Office Sou	ght Mayon		
Phone No.		1	
E-Mail Ad	dress: (danles () banket	tomponi	w. Com
Contents		Date Received	<u>Initials</u>
1. Qualify	ing as a candidate:		
	Appointment of Campaign Treasurer and Designation of Campaign Depository	11/13/2023	1
	Nominating Petition	11/0/12023	
	Statement of Candidate	11/13/2023	18
	Sworn Statement of Qualification		
	Candidate Oath		
	Form 1 – Statement of Financial Interest (2022)		
	Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practice		
	Qualifying Fee \$25.00		
	L & A Schedule		

Proof of Residency

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$\alpha$	ν (		1/	CEI	оu	au	$\mathbf{o}$

- 2. Important Dates to Remember
- 3. Campaign Activities Memorandum

11/13/2023	H
11 /13/2023	11/8

Candidate's Signature

Date

# 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 SUF	RESIDE, FLORIDA
We the undersjigned electors of the Town of Surfside, I	Florida, hereby nominate ( have ) welle !!
for the office of	(Mayor or Commissioner) at an election to be held on March
19, 2024.	NOV 16 PM 4:16
This petition must be filed with the flown Clerk between	n November 3, 2023 and November 22, 2023(by 12:00pm).
Signature: X lumundo Uf	Date: 1///3 / 23 D.O.F
Print Name: FERNDNDO Aldgre2	Address:
Signature: MOCLO	Date: 11 12 / 23 / 13 D.O.E
Print Name: Rocio Alvarez	Address
Signature:	Date: 11/13/23 D.O.E
Print Name: Fernando Jose Allarez	Address.
Signature: ×	Date: 11/13 /23 D.O.E
Print Name: Lugana Alvarez	Address:
Signature: Solls	Date: _ 11   13   23 D.O.E
Print Name: Lelly Sanche 7	Address:
Signature:	Date: _// /13   Z 3 D.O.E
Print Name: Print Sandes	Address:
Signature: William	Date: 111323 D.O.E
int Name: UEL THEME	Address:
Signature: By GOB	Date: <u>1/-/3 -み)</u> D.O.E
Print Name: Bran Rev	Address:
Signature:	Date: 11/14/23 D.O.F
Print Name: Flo Quiror ES	Address:
Signature: Julie M. Lynnones	Date <u>: //-/4-23</u> D.O.B
Print Name: DULCE M. Buinones	Address-
Signature:	Date: <u>// ~ /4 ~ 23</u> D.O.I
Print Name: Benjamin, Acoukko	Address:
Signature: Savers Frank	Date: 1H4-23_D.O.F
Print Name: TOWARD REMOVERT	Address:
Signature:	Date:
Print Name: JSMEL ECOMM (	Address:
STATEMENT	OF CIRCULATOR
The undersigned is the circulator of the foregoing paper cor	ntaining / signatures. Each signature appended
thereto was made in my presence and is the genuine signar	ture of the person whose name it purports to be.
Signature of Circulator:	Rive Suctode 72
ddress of Circulator. 13.51 15.60 bunker	Heam Pavirs Con
ACCEPTANCE	OF NOMINATION  (Mayor or Commissioner) and agree to
I hereby accept the nomination of	(iviayor or Commissioner) and agree to
SELVE II ELECTED.	11/12/22
Signature of Candidate:	Date: / / //3/0-S

# 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 SUI	RFSIDE, FLORIDA
We the undersigned electors of the Town of Surfside,	Florida hereby pominate ( harles & uniceT)
	(Mayor or Commissioner) at an election to be held on March
19, 2024.	NOV 16 PM 4:16
This pelition must be filed with the Town Clerk betwee	on November 3, 2023 and November 22, 2023(by 12:00pm).
Signature: Will Market	Date: 1(-( 9-2025 D.O.B.
Print Name: MALINA SAMOIA	Address:
Signature: Mar C. Saut	Date: 1/-13-23 D.O.B.
Print Name: MARY A. SANTOS	Address:
Signature:	Date: 11132020.B.
Print Name: VICTO(12 1 CSO(14	Address:
Signature: Julia Alica	Date: 11-13-2022D.O.B.
Print Name: Justin Simons	Address:
Signature: Max A	Date: <u>\\                                  </u>
Print Name: Mary Henderson	Address:
Signature: WW	Date: 11)13/23 D.O.B.
Print Name: Dary   Wall	Address:
Signature: <u>Farbara</u> Wall	Date: 11/13/23 D.O.B.
_int Name: Barbara Will	Address:
Signature:	Date: 4/13 /23 D.O.B.
Print Name: Salkos DIKITKURGUMS	Address:
Signature: Place Color	Date: 11 13 03 D.O.B.
Print Name: Lea COTO	Address: Land
Signature:	Date: 11/13/23 D.O.B.
Print Name: Cabriel Coto	Address:
Signature: Deublish	Date: <u>/ / ー / 3~~3</u> D.O.B.
Print Name: Rubey Coto	Address:
Signature: Saclar	Date: 1(/13/2-3 D.O.B.
Print Name: MAGARY CHAIT	Address:
Signature:	Date: 11/13/23 D.O.B.
Print Name: Valu Valacavas	Address:
+	OF CIRCULATOR
The undersigned is the circulator of the foregoing paper cor	ntaining 1/3 signatures. Each signature appended
thereto was made in my presence and is the genuine signal	ture of the person whose name it purports to be.
Signature of Circulator	
(222)	Hoise Jungoide of
ddress of Circulator:	cett compairs, com
ACCEPTANCE	OF NOMINATION
I hereby accept the nomination of	(Mayor or Commissioner) and agree to
serve if elected.	. ( - ) - ( )
Signature of Candidate:	Date: 11/13/2-3

#### 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 19, 2024. NOV 16 PM 4:16 This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023(by 12:00pm). D.O.B. Date: Signature: ranle Address Print Name: 23 D.O.B. Signature: Date: Address **Print Name:** 11.12.23 Date: Signature: Address: **Print Name:** 13/23 D.O.B. Date: Signature: Address: **Print Name:** Date: 11/13/27 D.O.B. Signature: Address: **Print Name:** Date: 11/13/23 D.O.B. Signature: Address: **Print Name:** Date: 11/13/23 D.O.B. Signature: HEKER Address: int Name: 23 D.O.B. Date: Signature: Address: Print Name: D.O.B. Date: 1/ Signature: Address: **Print Name:** 13/23 D.O.B. Date: 11 Signature: ortes Address: **Print Name:** 11/13/2025 D.O.B. Date: Signature: prtes Address: **Print Name:** Date: 11/13 D.O.B. Signature: Address **Print Name:** Date: 9928//-13-8.0.B. Signature: Address: **Print Name:** STATEMENT OF CIRCULATOR signatures. Each signature appended

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 (Mayor or Commissioner) at an election to be held on March for the office of 19, 2024. NOV 16 PM 4:16 This petition must be filed with the Town Clerk between November 3, 2023 and November 22, 2023(by 12:00pm). Date: 1/16 23 D.O.B. Signature: Address: **Print Name:** Date: ///4/ 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. Date: Signature: Address: Print Name: D.O.B. Date: Signature: Address: Print Name: D.O.B. Date: Signature: Address: int Name: D.O.B. Date: Signature: Address: Print Name: D.O.B. \_\_\_\_ Date: Signature: Address: Print Name: D.O.B. Date: Signature: Address: Print Name: STATEMENT OF CIRCULATOR The undersigned is the circulator of the foregoing paper containing \_\_\_\_\_ 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 Circulatory ddress of Circulator. mail address of Orculator: CEPTANCE OF NOMINATION

I hereby accept the nomination of

serve if elected.

Signature of Candidate:

(Mayor or Commissioner) and agree to



# TOWN OF SURFSIDE

MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154

# **GENERAL ELECTION - MARCH 19, 2024**

# SWORN STATEMENT OF QUALIFICATION

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

STATE OF FLORIDA }
COUNTY OF MIAMI-DADE }
TOWN OF SURFSIDE }
I solemnly swear (or affirm) under oath, that my name is Charles W. Burlet
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 Biscage Drive, Soutside.
my occupation is; that I have been
a resident of the Town of Surfside since 1996; that I will be at least twenty-one (21) years of
age by November 22, 2023 and that if elected, I will willingly serve as
Mayor or Commissioner) of the Town of Surfside, if elected.
Signature of Candidate  11/16/22  Date
Sworn to and subscribed before me this 10 day of November, 20 23.
SANDRA MCCREADY MY COMMISSION # HH 350567  MY COMMISSION # HH 350567  Sandra M. Hc Creacly PRINTED NAME OF NOTARY

# CANDIDATE OATH NONPARTISAN OFFICE

NOV 16 PM 4:23 Do not use this form if a Judicial or School Board Candidate) Check box only if you are seeking to qualify as a write-in candidate: Write-in candidate OFFICE USE ONLY Candidate Oath (Section 99.021(1)(a), Florida Statutes) (Print name above as you wish it to appear on the ballot. If your last name consists of two or more names but has no hyphen, check box | (see page 2 - Compound Last Names). No change can be made after the end of qualifying. Although a write-in candidate's name is not printed on the ballot, the name must be printed above for oath purposes.) am a candidate for the nonpartisan office of : I am a qualified elector of (Group or Seat #) (Circuit #) I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; and I will support the Constitution of the United States and the Constitution of the State of Florida. Candidate's Florida Voter Registration Number (located on your voter information card): Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.] 1 CO Email Address Telephone Number Signature of Candidate STATE OF FLORIDA Signature of Notary Public COUNTY OF Miami - Da Print, Type of Stamp Commissioned Name of Notary Public below: Sworn to (or affirmed) and subscribed before me by means of OR physical presence online notarization SANDRA MCCREADY

Type of Identification Produced:

Personally Known

OR

Produced Identification

MY COMMISSION # HH 350567 EXPIRES: May 4, 2027

FORM 1		-	STATE	MENT OF	1		2022
Please print or type your name, mailin address, agency name, and position b	g elow:	FINANCIAL INTERESTS		STS		FOR OFFICE USE ONLY:	
LAST NAME FIRST NAME N	IIDDLE N	IAME :				J	
Burkett, Charles William  MAILING ADDRESS:							
1332 Biscaya Drive							
							NOV 16 PM 4:19
CITY:		ZIP :	COUNTY	-			
Surfside	33	3154	Miami-	•			
NAME OF AGENCY : Town of Surfside							
NAME OF OFFICE OR POSITION	U HCLD	20.001.01					
Mayor	N HELD (	JR SOUGHT	Γ;				
CHECK ONLY IF 🗹 CANDIDA	TE OF	R D NE	EW EMPLOYEE (	OR APPOINTEE			
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS	****	11110 01		IST BE COMPL			ECEMBER 31, 2022.
(see instructions for further deta	F USING USING ails). Ch	G REPORT COMPARA HECK THE EENTAGE)	TING THRESHO ATIVE THRESHO ONE YOU ARE THRESHOLDS	LDS THAT ARE ABS DLDS, WHICH ARE I USING (must check OR []	USUALLY B k one): DOLLAR \	BASE VALI	R VALUES, WHICH REQUIRES ED ON PERCENTAGE VALUES UE THRESHOLDS
PART A PRIMARY SOURCES O (If you have nothing to	report, v	IE [Major so vrite "none"	urces of income to or "n/a")	the reporting person -	See instructio	ns]	
NAME OF SOURCE OF INCOME				DURCE'S DDRESS	1	DE P	ESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
Confidential Settlement		Confider	ntial		Con	ıfid	ential
Burkett Family Ltd Partner	ship	1332 Bis	scaya Drive, S	Surfside FL	Rea	l Es	state Investments
RentMiamiBeach LLC		1332 Bis	scaya Drive, S	Surfside FL	Mor	rtga	ge lending
U.S. Department of the Tre			y Marketable Securities				
PART B SECONDARY SOURCE [Major customers, client (If you have nothing to	s, and oth	ner sources o	of income to busine of or "n/a")	esses owned by the repo	rting person -	See	instructions]
NAME OF BUSINESS ENTITY		ME OF MAJO OF BUSINES	OR SOURCES S' INCOME	ADDRES OF SOUR	•		PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See attachment A							
PART C REAL PROPERTY (Land (If you have nothing to r	l, building eport, wi	s owned by trite "none" o	the reporting person or "n/a")	on - See instructions]	line	es oı	e not limited to the space on the n this form. Attach additional if necessary.
See attachment B					and	d wh	INSTRUCTIONS for when nere to file this form are dat the bottom of page 2.
					this	s fo	UCTIONS on who must file rm and how to fill it out on page 3.

PART D — INTANCIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc See instructions] (if you have nothing to report, write "none" or "n/a")  PART E — LIABILITIES [Major debts - See instructions] (if you have nothing to report, write "none" or "n/a")  NAME OF CREDITOR  ADDRESS OF CREDITOR  PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses - See instructions]  BUSINESS ENTITY # 1  BUSINESS ENTITY # 1  BUSINESS ENTITY # 1  BUSINESS ENTITY # 1  BUSINESS ENTITY # 2  ADDRESS OF BUSINESS ENTITY  Rent(MiamiBeach LLC  ADDRESS OF BUSINESS ENTITY  Small loan company  PRINCIPAL BUSINESS ACTIVITY  DOWNER  LOWN MORE THAN A 5% INTEREST IN THE BUSINESS  100% owner  NATURE OF MY OWNERSHIP INTEREST  Member shares  Member shares  I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.  IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  CPA or ATTORNEY SIGNATURE ONLY  Form 1 in accordance with Section 112.3145, Finded Statutes, and the must complete the following statement:  POSSION HERE ONLY  PRINCIPAL GRAPH AND SIGNATURE ONLY  IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  CPA or ATTORNEY SIGNATURE ONLY  Form 1 in accordance with Section 112.3145, Finded Statutes, and the must complete the following statement:  POSSION HERE OF MY OWNERSHIP IN THE AUGUST OF THE REPORT OF MY OWNERSHIP IN THE PLEASE CHECK HERE  CPA or ATTORNEY SIGNATURE ONLY  FOR IT IN ACCORDANCE AND THE AUGUST OF THE PROPERTY PLEASE CHECK HERE  CPA or ATTORNEY SIGNATURE ONLY  FOR IT IN ACCORDANCE AND THE AUGUST OF THE PROPERTY PLEASE CHECK HERE  Date Signed:  Date				AIGHT TO THE STATE
See attachment C  PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")  NAME OF CREDITOR  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")  NAME OF BUSINESS ENTITY  RentMiamiBeach LLC  ADDRESS OF BUSINESS ENTITY  RENtMiamiBeach LLC  ADDRESS OF BUSINESS ENTITY  Small loan company  POSITION HELD WITH ENTITY  Owner  OWNER  NATURE OF MY OWNERSHIP INTEREST  Member shares  PART G — TRAINING For elected municipal officors, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.  I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.  IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  SIGNATURE OF FILER:  Signature:    CPA or ATTORNEY SIGNATURE ONLY   If a certified public accountant licensed under Part, 3r, or story and the ingood standing with the Florids are prepared this form for you, the or she must complete the following statement:    CPA or ATTORNEY SIGNATURE ONLY   If a certified public accountant licensed under Part, 3r, or story and the ingood standing with the Florids are prepared this form of you, the or she must complete the following statement:    CPA or ATTORNEY SIGNATURE ONLY   If a certified public accountant licensed under Part 3r, or story and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.  CPA/Attorney Signature:  Date Signed:  Date Signed:  Date Signed:	PART D — INTANGIBLE PERSONAL PROPERTY [SI (If you have nothing to report, write "not	ocks, bonds, certificate	es of deposit, etc See ins	
PART E — LIABILITIES [Major debts - See instructions] (If you have nothing to report, write "none" or "n/a")  NAME OF CREDITOR  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")  NAME OF BUSINESS ENTITY  Rent/NiamiBeach LLC  NAME OF BUSINESS ENTITY  Rent/NiamiBeach LLC  SUSINESS OF BUSINESS ENTITY  PRINCIPAL BUSINESS ACTIVITY  Small loan company  Owner  OWN MORE THAN A 5% INTEREST IN THE BUSINESS  OWNERSHIP INTEREST  Member shares  Member shares  I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.  IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  SIGNATURE OF FILER:  SIGNATURE OF FILER:  SIGNATURE OF FILER:  CPA or ATTORNEY SIGNATURE ONLY if a certified public accountable knowledge and belief, the disclosure herein is true and correct.  CPA/Altorney Signature:  Date Signed:  CPA/Altorney Signature:  Date Signad:  Date Signad:  CPA/Altorney Signature:  Date Signad:	TYPE OF INTANGIBLE		BUSINESS ENTITY TO V	VHICH THE PROPERTY RELATES
NAME OF CREDITOR ADDRESS OF CREDITOR  NONCE  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   Rent/MiamiBeach LLC    ADDRESS OF BUSINESS ENTITY   Small loan company    PRINCIPAL BUSINESS ACTIVITY   Small loan company    POSITION HELD WITH ENTITY   Owner    I OWN MORE THAN A 5% INTEREST IN THE BUSINESS   100% owner    PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.  I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.  IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE    SIGNATURE OF FILER:   CPA or ATTORNEY SIGNATURE ONLY    If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:      PART G — TRAINING ST PROPERTY SIGNATURE ONLY    If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:      CPA or ATTORNEY SIGNATURE ONLY      If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:      CPA or ATTORNEY SIGNATURE ONLY      CPA or ATTORNEY SIGNATURE ONL	See attachment C			
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PRINCIPAL BUSINESS ACTIVITY  POSITION HELD WITH ENTITY  Owner  I OWN MORE THAN A 5% INTEREST IN THE BUSINESS 100% owner  NATURE OF MY OWNERSHIP INTEREST  Member shares  PART G — TRAINING For elected municipal officers, appointed school superintendents, and commissioners of a community redevelopment agency created under Part III, Chapter 163 required to complete annual ethics training pursuant to section 112.3142, F.S.  I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.  IF ANY OF PARTS A THROUGH G ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE  SIGNATURE OF FILER:  Signature:  If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  I,	NAME OF BUSINESS ENTITY	RentMiamiBeac	h LLC	
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Signature:  Signature:  Signature:  Signature:  Signature:  Date Signed:  Date Signature:  Date Signat	☐ I CERTIFY THAT I	HAVE COMPL	ETED THE REQU	JIRED TRAINING.
Signature:  If a certified public accountant licensed under Chapter 473, or attorney in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  I,	IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE
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Date Signed:    CPA/Attorney Signature:   Date Signed:   Date Sign	Signature:		in good standing with the Florida Bar prepared this form for you, he or she must complete the following statement:  I,	
CPA/Attorney Signature:  Date Signed:	Date Signed: /		instructions to the form.	Upon my reasonable knowledge and belief, the
	1/16/23			
	FILING INCTUING.		Date Signed.	

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

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), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

Candidates file this form together with their filing papers.

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

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

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

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

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2022.

RentMiamiBeach, LLC

# ATTACHMENT A. SECONDARY SOURCES OF INCOME

<b>Burkett Family Limited Partnership</b>	Name of Business Entity
The Lois Apartments	Name of major sources of business' income

The Lois Apartments
Office Warehouse building
Office Warehouse building

Retail rental building The Lois Apartments

2717 18th Street, Kenosha WI 2001 Bay Drive, Miami Beach FL

# Address of source

2001 Bay Drive, Miami Beach FL 7830 S. 10th St. Oak Creek, WI 451 Southpoint Circle, Brownsburg IN

# Principle business activity source

Apartment rentals
Commercial rental
Commercial rentals

Commercial rentals Apartment rentals

#### Attachment B.

NOV 16 PM 4:19

### 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) 651 Palm Drive, Satellite Beach, FL 32937 Multifamily

#### Intangible personal property:

- 1) Ownership interest in:
  - a) The Burkett Family Limited Partnership
  - b) RentMiamiBeach LLC
  - c) The Burkett Land Company, Inc.
  - d) Burkett Properties, Inc.
- 2) Receivables due:
  - a) Due RentMiamiBeach, LLC.
- 3) Prepaid Taxes:
  - a) United States Treasury
  - b) State of CO
  - c) State of IN
  - d) State of MI
  - e) State of NC
  - f) State of GA
  - g) State of WI
- 4) Cash on hand in bank accounts:
  - a. Grove Bank and Trust, FL, Northern Trust Bank, FL, Farmer & Drovers Bank, KS, 1st Bank, CO, BankUnited, 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, First Horizon Bank, Iberia Bank, FL, National Exchange Bank and Trust, WI, State Bank of Lizton, IN, Wells Fargo, FL, Citizens First Bank, FL, Citizens First Bank, FL.

CHARLES W BURKETT CAMPAIGN CHARLES WILLIAM BURKETT IV 1332 BISCAYA DR SURFSIDE, FL 33154-3318	1001
PAY TO THE ORDER OF JOHN of Suefild Twenty five ANDIOS	DATE \$25,00  DOLLARS DE Security Features on Decision
City National Bank  J. J. Jese FINANCIAL GROUP	MP MP



# Town of Surfside

9293 Harding Avenue Surfside, Fl 33154

2	2024 GENERAL MUNICIPAL ELECTION QU	ALIFYING PACKE	Т
Name of C	Candidate Charles W. K	urlelt	
Office Sou	ight Mayon		
Phone No.	: 30 7992 0/02 Cell Phone No:	: 1	
E-Mail Ad	Idress: (danles () banke	Homponia	0.00
Contents		Date Received	<u>Initials</u>
1. Qualify	ving as a candidate:		
	Appointment of Campaign Treasurer and Designation of Campaign Depository	11/13/2023	
	Nominating Petition	11/14/2023	
	Statement of Candidate	11113 2023	
	Sworn Statement of Qualification	11/11/2/2003	
	Candidate Oath	4/1/16/2023	1/2
	Form 1 – Statement of Financial Interest (2022	11/14/2023	
	Declaration and First Amendment Waiver Volunteer Statement of Fair Campaign Practic	ee	
	Qualifying Fee \$25.00	11/11/2/2003	
	L & A Schedule	NA	//
	Proof of Residency		10

# & Voter Registration

- 2. Important Dates to Remember
- 3. Campaign Activities Memorandum

11/13/2023

11 13/2023

Date

Candidate's Signature



MUNICIPAL BUILDING 9293 HARDING AVENUE SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC, Town Clerk

November 22, 2023

Mr. Charles 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 Commission for the Town of Surfside. Your name will be placed on the ballot for the March 19, 2024 Municipal Election.

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

v truly yours,

Sandra N. McCready, MPA, MMC

Town den

CAMPAIGN TREASUR	ER'S REPORT SUMMARY
(1) Charles W. Burkett	OFFICE USE ONLY
Name 13 72 Biscos Driv Address (number and street)	TOWN OF SURFSIDE
City, State, Zip Code	JAN9 '24 3:13PM
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) Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
(5) Repo	rt Identifiers
	o 12 / 31 / 23 Report Type: 2013 Q Y
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$,, \$\sqrt{15.00}	Monetary Expenditures \$,
Loans \$, <u>\( \)</u> , <u>\( \)</u> \( \) \( \)	Transfers to Office Account \$ ,,
Total Monetary \$,,	Total Monetary \$ , , 204. 99
In-Kind \$ , ,	(8) Other Distributions \$ ,
(9) TOTAL Montetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date
	ertification rson to falsify a public record (ss. 839.13, F.S.)
Certify that I have examined this report and it is true, continued the second of the	Type name   Chairperson (only for PC and PTY)
Signature	Signature
DS-DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

	harls W. A				I.D. Number	10-1	1
(3) Cover Period	10,1,2	3 throu	gh 121	3112	(4) Page	1	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	4 3 (12)11
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
)	clonds, Buck H 1332 Direya Dr. Suntale H. 2215 Y	7	investor	204	N/L	NA	10/20
12/11/23	Britz 1113 300 74+St. Mra. Sily 71	B	Duines	RCT	11	٨	500
	Sdific Binines SUS Byron ave Sundide 35,54	T	retired	RCT	K	11	25.
1 1							
1 1							
1 1							
1 1					8		
DS-DE 13 (Rev. 11/1	U• <b>*</b>	SEE RE	VERSE FOR I	NSTRUCTIONS	AND CODE VAL	UES	11
	10,000 + 500 +	(185	10 Ber )				

JAN9

(1) Name	CAMPAIGN TREASURER'S RE	PORT – ITEMIZED (2	EXPENDIT 2) I.D. Number	URES	
	d 10 / 1 / 23 through 12		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
11/21/22	Jour of Sulford	Quality Tre	Mon		\$25,00
11/21/23	Godaldy.com 2155 Godaddy Way Tespe, AZ 85218	website	Mon		\$29.99
11/30/23	Diaz Consulting 95 Meinch Wg, JRd7 Cord Gobbs, 7233134	Consultat	HA		\$150.00
/ /					
/ /					
_//					
/ /	0• *				
_//	25• + 29•99 + 150• + 204•99 *				

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



Name Chorles Burlot	OFFICE USE ONLY
I.D. Number	,
Address (number and street)	TOWN OF SURFSIDE
City, State, Zip Gode 72 37/1	£ JAN9 '24 3:14PM
CHECK IF ADDRESS HAS CHANGED	
Candidate for:  Mayor  Commissioner, District  Property Appraiser  Clerk of the Circuit Courts  Community Council, Area, Sub	
REPORT IDEN	ITIFIERS
Report Name 2023 Q U Cover Period  Report Type Periginal	
CERTIFIC	
It is a first degree misdemeanor for any person	
correct, and complete.	Correct, and complete.  (Type name)  Correct that I have examined this report and it is true, correct, and complete.  (Type name)
X Şignature	X

# PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



TI	his report must be filed by applicable o	andidates running for T	own of Surfside Mayor or Town Commiss TOWN OF SU	ioner. RESIDE
(1) Name	( haves 1/5 u	RIETT	(2) I.D. Number 24	
(3) Report	Name 2023 94	(4) Cover Period	18/1/23 through 12	31/23
(5) Report	Type Priginal 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
NA	- N/s	NA	14/2	NA
/	/		,	/

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1) Charles W. Burkett	OFFICE USE ONEY SURFSIDE
Name (2) 1332 Biscaya Drive	JAN18 '24 12:18PM
Address (number and street) Surfside FL 33154	JAN18 24 12:18PM
City, State, Zip Code	
Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es):  Candidate Office Sought: Mayor	
☐ Political Committee (PC) ☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
(5) Report	Identifiers
Cover Period: From 10 / 1 / 23 To	12 / 31 / 23 Report Type: 2023Q4
- Original	ecial Election Report
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$ 525.,00 ,	Monetary Expenditures \$ 226,59 , ,
Loans \$ 10,0,00.00,	Transfers to Office Account \$,,
Total Monetary \$ , ,	Total Monetary \$ 226.59 ,
In-Kind \$ , ,	
	(8) Other Distributions \$ , ,
(9) TOTAL Monetary Contributions To Date \$ 10,525,00	(10) TOTAL Monetary Expenditures To Date \$ 226.59,,
(11) Cer It is a first degree misdemeanor for any per-	rtification son to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, cor	
(Type name) Charles W. Burkett	(Type name) Charles W. Burkett
☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)
x//\	<b>x</b> //
Signature	Signature

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

JAN18 '24 12:18PM

SPIL

. (	1) Name	CAMPAIGN TREASURER'S REF	PORT – ITEMIZED	EXPENDIT I.D. Number	URES	
<i>,</i> (	3) Cover Period	10,1,23 through 12,1	31,23	I) 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
	11/21/27	Jour of Jultorch	Quality	Mon		\$25,00
	11/27/23	Godaldy.com 2155 Godaddy Wy Jespe, AZ 85218	website	Mon		\$29.99
	11/39/23	Diaz Consulting Gr Merick Wy, 2827 Cord Gastes, 7233134	Consulted	HA		\$1500
j	12/11/23	anelot 1340 Poplas St. #1770 New Orlean, 12701	Website Dee	un		\$20,20
	12/142	Gredot 1340 Payeras St. #1770 New Orlean, LA 701	Lee Lee	Mon	-	\$1,30
	//					
	//	U• *				
ر	//	- 29•99 + 150• + 20•3 + 1•3 + 226•59 *				

CAMPAIGN TREASURE	2 0 15 raja Diju JAN18 '24 12:18FM  JAN18 '24 12:18FM  Zip Code  JAN18 '24 12:18FM						
(harles W. Burke	OFFICE USE ONLY OF SURFSIDE						
(2) Name (2) 1332 BIS Cara Dis	JAN18 '24 12: 884 JAN18 '24 12: 186						
City, State, Zip Code	JAN18 '24 12:18FM						
☐ Check here if address has changed	(3) ID Number:						
(4) Check appropriate box(es):    Candidate Office Sought:							
	Identifiers  1 / 12 / 2 + Report Type:    Cial Election Report   Continue   C						
(6) Contributions This Report	(7) Expenditures This Report						
Cash & Checks \$ 1477.00	Monetary Expenditures \$ 10,0,5,7.						
Loans \$,,	Transfers to Office Account \$ , , .						
Total Monetary \$ , ,	Total Monetary \$,						
In-Kind \$ , ,	(8) Other Distributions \$ , ,						
(9) TOTAL Monetary Contributions To Date \$ 12,002.	(10) TOTAL Monetary Expenditures To Date						
(11) Cert It is a first degree misdemeanor for any pers	dification						
It is a first degree misdemeanor for any personal little that I have examined this report and it is true, companied to the little true, companied the little true, companied to the little true, companied true,	30.000 (10.000)						
☐ Individuel (only for IE or electioneering comm.) ☐ Deputy Treasurer ☐ Deputy Treasurer	Chairperson (only for PC and PTY)						
Signature 0 * *	Signature 0• *						
<b>OS-DE 12 (Rev. 11/</b> 10,525• + 1,477• +	226.59 + 100.57 +						
12,002• *	327•16 *						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS Larles W. Buckett JAN18 '24 12:19PM (1) Name 1,27 through 1,12,27 (3) Cover Period (11)(12)(7)(9)(10)(5) Date **Full Name** (Last, Suffix, First, Middle) (6)Sequence Street Address & Contributor Contribution In-kind Number City, State, Zip Code Type Occupation Type Description Amendment **Amount** 25. **DS-DE 13 (Rev. 11/13)** ONS AND CODE VALUES

# CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles W. Burkett	(2) I.D. Number
(3) Cover Period 1 / 1 / 24 through 1 / 12 / 24	(4) Page of

(5)	(7)		(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
/ 3 / 24	Godaddy.com 2155 Godaddy Way Tempe, AZ 85218	Website	MON		\$29.99
2	Anedot Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	мом		\$1.30
3	Anedot Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		\$4.30
1 /4/	Anedot Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		\$2.38
1 / 5 / 2	Anedot Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		\$2.30
1 /7 /24	Anedot Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MOM		\$10.30
1 / 10 / 2	The Burkett Companies	Staff time, deliver and put up signs to Surfside homes	MON		\$50.00
//	29•99 + 1•3 + 4•3 + 2•38 + 2•3 + 10•3 +				

DS-DE 14 (Rev.

10.5 + NSTRUCTIONS AND CODE VALUES

100\*57 \*

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



IN ABSENTEE BALLOT ACTIVITIES SUMMARY COUNTY					
Name Age ( ) Burk ( )  I.D. Number  Address (number and street)  Address (number and street)  City; State, Rip Code  City; State, Rip Code  CHECK IF ADDRESS HAS CHANGED					
Candidate for:  Mayor  Commissioner, District  Property Appraiser  Clerk of the Circuit Courts  Community Council, Area, Sub-Area					
Report Name 200460DP Cover Period ///24 through ///24  Report Type Periginal Amendment					
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)  Treasurer    Deputy Treasurer   Deputy Treasurer     Signature   Signature     Signature     CERTIFICATION     I 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.    Carlos U. Durket     Carlos U. Durket     Carlos U. Durket     Signature     Signature     Signature     Signature     Carlos U. Durket     Carlos U. Durket					

# PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



71	his report must be filed by applicable c	andidates running for T	own of Surfside Mayor or Town Commiss	loner.
(1) Name	Charles W. L	wekett	(2) I.D. Number	
(3) Report	Name 202 4 60 DP	(4) Cover Period	<u> </u>	424
(5) Report	Type Original	(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
NR	- NA	Nh	NA	NA
	. /		/	/
		<u>.</u>		
		<u></u>		
-				
				-
<u> </u>	•	<del></del>		

CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) Charles W. Burkett	OFFICE USE ONEY SURFSIDE							
Name (2) 1332 Biscaya Drive	JAN18 '24 12:18PM							
Address (number and street) Surfside FL 33154	JAN18 24 12:18PM							
City, State, Zip Code								
Check here if address has changed	(3) ID Number:							
(4) Check appropriate box(es):  Candidate Office Sought Mayor								
<ul> <li>✓ Candidate Office Sought:</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li> </ul>								
(5) Report	Identifiers							
Cover Period: From 10 / 1 / 23 To	12 / 31 / 23 Report Type: 2023Q4							
☐ Original	ecial Election Report							
(6) Contributions This Report	(7) Expenditures This Report							
Cash & Checks \$ 525.00 ,	Monetary Expenditures \$ 226,59 , ,							
Loans \$ 10,0,00.00,	Transfers to Office Account \$,,							
Total Monetary \$ , ,	Total Monetary \$ <u>226.59</u> ,							
In-Kind \$ , ,								
	(8) Other Distributions \$ , ,							
(9) TOTAL Monetary Contributions To Date \$ 10,525,00 ,	(10) TOTAL Monetary Expenditures To Date \$ 226.59,,							
(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, con								
(Type name) Charles W. Burkett	(Type name) Charles W. Burkett							
☐ Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer or electioneering comm.)	☑ Candidate ☐ Chairperson (only for PC and PTY)							
x//	<u>x//</u>							
Signature	Signature							

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

JAN18 '24 12:18PM

SPIL

. (	1) Name	CAMPAIGN TREASURER'S REF	PORT – ITEMIZED	EXPENDIT I.D. Number	URES	
<i>,</i> (	3) Cover Period	10 / 1 / 23 through 12/	31,23	I) 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
	11/21/27	Jour of Jultorch 9293 Harding aver Justind 72 320-4	Quality Fre	Mon		\$25,00
	11/27/23	Godaldy.com 2155 Godaddy Wy Jespe, AZ 85218	website	Mon		\$29.99
	11/39/23	Diaz Consulting Gr Merick Wy, 2827 Cord Gastes, 7233134	Carpeign Consulted	HA		\$1500
	12/11/23	anelot 1340 Poplas St. #1770 New Orlean, LA 701	Website Dee	un		\$20,20
	12/142	Gredot 1340 Payeras St. #1770 We Orlean LA 701	Lee Lee	Mon	-	\$1,30
	//					
	//	U• *				
ر	//	- 29•99 + 150• + 20•3 + 1•3 + 226•59 *				

CAMPAIGN TREASURE	R'S REPORT SUMMARY
(harles W. Burke	OFFICE USE ONLY OF SURFSIDE
(2) Name (2) 1332 BIS Cara Dis	JAN18 '24 12: 884 JAN18 '24 12: 186
City, State, Zip Code	JAN18 '24 12:18FM
☐ 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)  Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
	Identifiers  1 / 12 / 2  Report Type:    Cial Election Report   Continue   Co
(6) Contributions This Report	(7) Expenditures This Report
Cash & Checks \$ 1477.00	Monetary Expenditures \$ 10,0,5,7.
Loans \$,,	Transfers to Office Account \$ , , .
Total Monetary \$ , ,	Total Monetary \$,
In-Kind \$ , ,	(8) Other Distributions \$ , ,
(9) TOTAL Monetary Contributions To Date \$ 12,002.	(10) TOTAL Monetary Expenditures To Date
(11) Cert It is a first degree misdemeanor for any pers	dification
It is a first degree misdemeanor for any personal little that I have examined this report and it is true, companied to the little true, companied the little true, companied to the little true, companied true,	30.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.000 (4.
☐ Individuel (only for IE or electioneering comm.) ☐ Deputy Treasurer ☐ Deputy Treasurer	Chairperson (only for PC and PTY)
Signature 0 * *	Signature 0• *
<b>DS-DE 12 (Rev. 11/</b> 10,525• + 1,477• +	226.59 + 100.57 +
12,002• *	327•16 *

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS Larles W. Buckett JAN18 '24 12:19PM (1) Name 1,27 through 1,12,27 (3) Cover Period (11)(12)(7)(9)(10)(5) Date **Full Name** (Last, Suffix, First, Middle) (6)Sequence Street Address & Contributor Contribution In-kind Number City, State, Zip Code Type Occupation Type Description Amendment **Amount** 25. **DS-DE 13 (Rev. 11/13)** ONS AND CODE VALUES

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles W. Burkett	(2) I.D. Number
(3) Cover Period 1 / 1 / 24 through 1 / 12 / 24	(4) Page of

(5)	(7)	(8)	(9)	(10)	(11)	
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment		
/ 3 / 24	Godaddy.com 2155 Godaddy Way Tempe, AZ 85218	Website	MON		\$29.99	
2	Anedot Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	мом		\$1.30	
3	Anedot Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		\$4.30	
1 /4/	Anedot Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		\$2.38	
1 / 5 / 2	Anedot Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		\$2.30	
1 /7 /24	Anedot Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MOM		\$10.30	
1 / 10 / 2	The Burkett Companies	Staff time, deliver and put up signs to Surfside homes	MON		\$50.00	
//	29•99 + 1•3 + 4•3 + 2•38 + 2•3 + 10•3 +					

DS-DE 14 (Rev.

10.5 + NSTRUCTIONS AND CODE VALUES

100\*57 \*

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



IN ABSENTEE BALLOT	ACTIVITIES SUMMARY COUNTY						
Name Age & Sure & Hander  I.D. Number  Address (number and street)  1332 Biscage Dive  City, State, Pip Code  Suntitude  CHECK IF ADDRESS HAS CHANGED	OFFICE USE ONLY						
Candidate for:  Mayor  Commissioner, District  Property Appraiser  Clerk of the Circuit Courts  Community Council, Area, Sul	 b-Area						
Report Name 202460DP Cover Period ///24 through ///24  Report Type Poriginal 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.  (Type name)  Treasurer  Deputy Treasurer	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Aurkat  (Type name)  Aurkat  (Type name)						
Signature	Śignature						

## PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



71	his report must be filed by applicable c	andidates running for T	own of Surfside Mayor or Town Commiss	loner.
(1) Name	Charles W. L	wekett	(2) I.D. Number	
(3) Report	Name 202 4 60 DP	(4) Cover Period	<u> </u>	424
(5) Report	Type Original	(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
NR	- NA	Nh	NA	NA
	. /		/	/
		<u>.</u>		
		<u></u>		
-				
				-
<u> </u>	•	<del></del>		

ı						
(1)	Charles W. Burkett	OFFICE USE ONLY				
	Name					
(2)	1332 Biscaya Drive Address (number and street)	TOWN OF SURFSIDE				
	Surfside FL 33154	FEB1 '24 3:41PM				
	City, State, Zip Code	PK				
	Check here if address has changed	(3) ID Number:				
(4)	Check appropriate box(es):					
<ul> <li>✓ Candidate Office Sought: Mayor</li> <li>☐ Political Committee (PC)</li> <li>☐ Electioneering Communications Org. (ECO)</li> <li>☐ Party Executive Committee (PTY)</li> <li>☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)</li> </ul> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> <li>☐ Check here if no other IE or EC reports will be filed</li>						
	(5) Report	Identifiers				
Cove	er Period: From 1/13/24 / To	1/26/24 / Report Type: 2024B1				
<b>V</b> 0	riginal Amendment Spe	ecial Election Report				
(6)	Contributions This Report	(7) Expenditures This Report				
Cash	n & Checks \$ 3425.00 ,	Monetary Expenditures \$ 1851.39 ,				
Loar	s \$,,	Transfers to Office Account \$ , , .				
Tota	I Monetary \$ , ,	Total Monetary \$ , , .				
In-Ki	nd \$,,					
		(8) Other Distributions \$ ,				
(9)	TOTAL Monetary Contributions To Date \$ _15,427,00 ,	(10) TOTAL Monetary Expenditures To Date \$ 2178.55 ,				
	(11) Cert It is a first degree misdemeanor for any pers	tification on to falsify a public record (ss. 839.13, F.S.)				
Ιc	ertify that I have examined this report and it is true, corn	ect, and complete:				
	ype name) Charles Burkett	(Type name) Charles Burkett				
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)				
X	gnature	X				

# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS FEB1 '24 3:41PM

(1) Name	es W. Burkett	(2) I.D. Number	74
(3) Cover Period	113 /24	_ through / / (4) Page of	3

(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
1 17 1	Lori Jurgensen 6055 Cincinnati OH 45423	I	marketing	RCT			1000.00
1 / 19 /	Hailey Jurgensen 24 2831 S. Bayshore Dr. Unit 1103 Miami FL 33133	i	Retired	RCT			250.00
1 / 22 / 3	Cynthia Callaway 9232 Dickens Ave Surfside FL 33154	i	Sales mgr	RCT			100.00
1 23 24 4	Paniel Rivlin 4308 Alton Road 510 Miami Beach FL 33140	i	Physician	RCT			1000.00
1 24 2 / /	4 Kelly Sanchez 601 89th Street Surfside FL 33154	i	manager	RCT			100.00
1 24 2	Angela McBride T01 Surfside Blvd Surfside FL 33154	i	Sr Direct no	RCT			50.00
1 25 2 / /	Surfside FL 33154	i	retired	RCT			25.00

**DS-DE** 13 (Rev. 11/11)

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Charl	es W. B	urkett	(2) !	.D. Number	FEB1 '24 3:41PM				
(3) Cover Period	1	_ /	/	through	/	_ /	(4) Page	2	of

120				1	T		
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6)	(Last, Suffix, First, M	iddla)					
Sequence		2 1	ontributor	Contribution	In-kind		
Number	City, State, Zip Co		1	Туре	Description	Amendment	Amount
1 25	Rocio Alvarez 24 9324 Harding Avenu	e		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Эссоприст		7 WHO GITE
8	Surfside FL 33154	i	homemaker	RCT			25.00
1 25	Cynthia Callaway 24 9232 Dickens Avenu	9					
9	Surfside FL 33154		sales direct				100.00
1 25 /	Marina Sarabia 24 501 89th St. Surfside FL 33154		53				
10	Surraide El 33134	i	Realtor	RCT			50.00
1 , 25 ,	Francisco Mallmann 724 90th Street Surfside FL 33154	i	Unemployed	RCT			50.00
1 25	Adrian Chavez						
12 25 /	9025 Abbott Ave Surfside FL 33154	i	Sales	RCT			100.00
1 25 /	Anthony Blate 9308 Bay Drive Surfside FL 33154	i	Semi-retired	RCT			100.00
1/25/24 / /	Maria I Carril 9056 Abbott Ave Surfside FL 33154	i	retired	RCT			100.00
DS-DF 13 (Rev	43.00				AND CODE VAL		

**DS-DE 13 (Rev. 11/13)** 

# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Charl	es W. Burkett	(2)	I.D. Number	FEB1 '24 3:41PM			
(3) Cover Period	//	throu	gh / _	26 / 24	_ (4) Page	3 (	of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &		(8)	(9)	(10) In-kind Description	(11)	(12)
Number  1/25/24 / / 15	City, State, Zip Code  Maria L Villabla 400 90th Street Surfside FL 33154	Type	Occupation  Physician	Type RCT	Description	Alleranien	100.00
1/25/24 /	Clara Diaz-Leal 425 95th St. Surfside FL 33154	i	Bank Executi	RCT			100.00
1/25/24 /	Jeffrey Platt 9225 Collins Avenue 608 Surfside FL 33154	i	retired	RCT			50.00
1/25/24 /	Rocio Alvarez 9324 Harding Avenue Surfside FL 33154	i	homemaker	RCT			25.00
1/25/24	Benjamin Acquario 524 90th Street Surfside FL 33154	i	Busines Deve	RCT			100.00
j t							
I I							

**DS-DE 13 (Rev. 11/13)** 

TOWN OF SURFSIDE

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

							TEITHER EXTENDED	The Proof of the	
(1) Name	Charles W.	Burkett					(2) I.D. Number	FEB1 24	3:41PM
(3) Cover	Period 1	/ 13	/ 24	_through _1_	/ 26	/ 24	(4) Page <sup>1</sup>	of <sup>3</sup>	FI

(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	
1/16/24	Imprint.Com 14550 Beechnut St. Houston, TX 77083	Lawn signs	MON		646.18
1/17/24 /	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		40.30
1/19/24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		10.30
1/22/24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	мои		4.30
1/23/24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		40.30
1/24/24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MOM		4.30
7	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		2.30
1/25/34 /	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		1.30

FEB1 '24 3:41PM

(1) Name Charles W.	Burkett	ASURER'S RI	EPORT – ITEMIZ	ED EXPENDITURE (2) I.D. Number	ES PK
(3) Cover Period 1	/ 13 / 24	_ through 1	/ 26 / 24	(4) Page <sup>2</sup>	of 3

(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)		Amendment	
1/25/ <b>f</b> 4 /	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		4.30
1/25/24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		2.30
1/25/24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		2.30
1/25/24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		4.30
1/25/24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		4.30
1/25/24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		4.30
1/25/24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON	4	1.30
1/25/34	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON	4	.30

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name _C				, to of the first			(2) I.D. Number		
(3) Cover P	eriod <sup>1</sup>	/ 13	/ 24	through 1	/ <sup>26</sup> /	24	(4) Page <sup>3</sup>	of <sup>3</sup>	

(5)	(7)	(8)	(9)	(10)	(11)
Date	Full Name	Purpose			0
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
/25/ <b>£</b> 4 /	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		2.30
18	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	мом		1.30
19	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		4.30
20	Image Plus Graphics, Inc. (800) 273-7853 1440 N.E. 131st Street North Miami, Florida 33161	flyer/mailer	мои		1062.51
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/ /					
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# MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name Hales W. Duck	
Address (number and street)  Address (number and street)  City, State Zip Code	TOWN OF SURFSIDE FEB1 '24 3:42F
CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts	
Community Council, Area, Subsequently Report IDEI	NTIFIERS .
Report Name 202 1/3   Cover Period Report Type Original Amendment	1/17/24 through 1/24/24
	CATION on to falsify a public record (ss. 839.13, F.S.)
correct, and complete.  Clark, Bukkett  (Type name)  Treasurer  Deputy Treasurer	correct, and complete.  (Type name)  Candidate
X	×
Signature	Signature



# PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

	\ T#	nis report must b	, , , , , , , , , , , , , , , , , , ,		Town of Surfside Mayor or Town Commis	ssioner.
(	1) Name	1	res (	sucle 1	(2) I.D. Number	1 /2
(	3) Report	Name O	37(BI	_ (4) Cover Period	///3/2 4 through	124/9
(	5) Report	Type 🔲 Origin	nal   Amendmer	nt (6) Page	of	
	(7) Row Number		(8) ill Name ix, First, Mid <b>a</b> lle)	(9) Employed By	(10) Name of Organization Employed B (if not directly hired by campaign)	y Amendment Type
ļ	N/	12	NIN	NA	NA	Nh
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CAMPAIGN TR	REASURER'S REPORT SUMMARY
(1) Charles W. Burkett	OFFICE USE ONLY
Name	TOWN OF SURFSIDE
(2) 1332 Biscaya Drive	
Address (number and street) Surfside FL 33154	FEB14 '24 1:06PM
City, State, Zip Code	
☐ Check here if address has changed	(3) ID Number:
(4) Check appropriate box(es):	(3) ID Number.
✓ Candidate Office Sought: May	vor
☐ Political Committee (PC)	
☐ Electioneering Communications Org. (	(ECO)
Party Executive Committee (PTY)	☐ Check here if PTY has disbanded
☐ Independent Expenditure (IE) (also con individual making electioneering communi	overs an Check here if no other IE or EC reports will be filed
	ilications)
	(5) Report Identifiers
Cover Period: From 1/27/24 / _	To 2/9/24 / Report Type: 2024B2
✓ Original	☐ Special Election Report
(6) Contributions This Report	(7) Expenditures This Report
- 402.00	Monetary
Cash & Checks \$493.,00 ,	Expenditures \$ <u>2583.08</u> ,
Loans \$	
Loans \$ , ,	Transfers to Office Account \$
Total Monetary \$ , ,	Onice Account \$ , ,
,,,	Total Monetary \$
In-Kind \$ , ,	
in-kind	
	(8) Other Distributions
	\$ ,
(9) TOTAL Monetary Contributions To E	Date (10) TOTAL Monetary Expenditures To Date
\$ 15,920,00	\$ 4761.63 ,
	·
	(11) Certification
It is a first degree misdemeanor fo	for any person to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it	t is true, correct, and complete:
(Type name) Charles Burkett	(Type name) Charles Burkett
☐ Individual (only for IE ☑ Treasurer ☐ Deputy or electioneering comm.)	y Treasurer ☐ Candidate ☐ Chairperson (only for PC and PTY)
· K	
Signature	Signature
// 3	Signature

### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS SURFSIDE

(1) Name	les W. Burkett			(2	) I.D. Number	FEB14 '2	4 1:07PM
(3) Cover Period	1 / / /	_ thro	ugh/	/	(4) Page	1	of
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
1/31/24 ///////////////////////////////////	Edilia Jimenez 9025 Byron Avenue Surfside FL 33154	ı	Retired	RCT			25.00
2/1/24	April Pulio 424 92nd Street Surfside FL 33154	I	Scenic Artis				50.00
/1/24	Gail Jansen 9533 Bay Drive Surfside FL 33154	I	Homemaker	RCT			50.00
/2/24 	Marina Sarabia 501 89th Street Surfside FL 33154	I	Realtor	RCT			50.00
/5/24 	H.H. Kinsey 9465 Bryon Avenue Surfside FL 33154	I	Retired	CHE			100.00
/1/24	Keith London 613 Oleander Drive Hallandale, FL 33009	I	Retired	СНЕ			18.00
, 9/24	Tina Paul 9225 Collins Avenue Surfside FL 33154	0	Candidate	RCT			200.00
DS DE 42 (D 44/4)							
DS-DE 13 (Rev. 11/1:	25• + 50• + 50• + 50• + 100• +	15	5,427• + 493• + 5,920• *	ISTRUCTIONS	00 x 2,178.55 + 2,583.08 +		
	18• +	13	J, JLU- *		4,761.63 *		

200• + 493• \*

#### **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Charles W. Burkett		(2) I.D. Number	
(3) Cover Period 1/27/2024 /	through	(4) Page	of d

(5)	(7)	(8)	(9)	(10)	(44)
Date (6) Sequence	Full Name (Last, Suffix, First, Middle) Street Address &	Purpose (add office sought if contribution to a	Expenditure	(10)	(11)
Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
1/30/24 /	Color Copies USA, 140 NE 32nd Court, Oakland Park, FL 33334 (Fort Lauderdale)	Flyer/mailer	MON		844.55
1/31/24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		1.30
2/1/24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	мои		2.30
2/1/2024	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	мои		2.30
2/2/24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		2.30
6	Color Copies USA, 140 NE 32nd Court, Oakland Park, FL 33334 (Fort Lauderdale)	Flyer/mailer	MON		874.29
7	Godaddy.com 2155 E. GoDaddy Way Tempe, AZ 85284	Website	MON	2	29.99
8	Color Copies USA, 140 NE 32nd Court, Oakland Park, FL 33334 (Fort Lauderdale)	Flyer/mailer	MON	8	18.55

### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Charles W. Burkett	(2) I.D. Number		
(3) Cover Period 1/27/24 / th	rough _ <sup>2/9/24</sup> //	(4) Page 🗻	of A

	(=)				
(5)	(7)	(8)	(9)	(10)	(11)
Date	Full Name	Purpose			
(6)	(Last, Suffix, First, Middle) Street Address &	(add office sought if	Expenditure		Ì
Sequence	City, State, Zip Code	contribution to a candidate)	Type	Amendment	Amount
Number	July, Julio, Lip Julio	Candidate)		Amendment	Ainount
	Anedot, Inc.	Electronic			
2/9/2/4	1340 Paydras Street Suite 1770	Contribution Fee			
	New Orleans, LA 70112		MON		8.30
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ļ	844 <b>•</b> 55 +				
	1•3 +				
	2•3 +		*		
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	2•3 +				
	874•29 +				
	29•99 +				
	818•55 +				
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/ /	2,583.88 *				
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#### MIAMI-DADE COUNTY ELECTIONS DEPARTMENT PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES SUMMARY



Name Laule, W. Bullet	OFFICE USE ONLY
I.D. Number Bisage Dij	46
Address (number and street)	M TOWN OF SURFSIDE
City, State, Zip Code	15 FEB14 24 1:07PM
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Su	 ub-Area
REPORT IDE	1/2 by alaby
Report Type Poriginal Amendment	
	CICATION
It is a first degree misdemeanor for any personal 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, correct, and complete.
(Type name) Treasurer Deputy Treasurer	(Type name) Candidate
x/	x /
Signature	Signature

# PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES



T	his report must be filed by applicable o	candidates running for	Town of Surfside Mayor or Town Commission	Sioner The
(1) Name	( harles Bu	rekett	(2) I.D. Number 24	
(3) Report	Name 202482	(4) Cover Period	//27/2 4 through 2	19/25
(5) Report	Type Poriginal 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
10/2	10/1	10/4	NL	NA
,			/	,
	2.3			

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Charles W. Burkett	OFFICE USE ONLY
	Name	
(2)	1332 Biscaya Drive	
	Address (number and street) Surfside FL 33154	TOWN OF SURFSIDE
	City, State, Zip Code	FEB23 '24 1:05PM;
	☐ Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):	(e) 12 Hamber.
( - /	✓ Candidate Office Sought: Mayor	
	Political Committee (PC)	_
	<ul><li>☐ Electioneering Communications Org. (ECO)</li><li>☐ Party Executive Committee (PTY)</li></ul>	<ul> <li>☐ Check here if PC or ECO has disbanded</li> <li>☐ Check here if PTY has disbanded</li> </ul>
	☐ Independent Expenditure (IE) (also covers an	☐ Check here if no other IE or EC reports will be filed
	individual making electioneering communications)	
	(5) Report	Identifiers
Cov	er Period: From <u>2/10//24</u> / To	2/22/24 / Report Type: 25P1
<b>V</b> 0	riginal Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Casl	n & Checks \$ 1,02,6.72 ,	Monetary
Loar	s \$,,	Transfers to Office Account \$ , ,
Tota	I Monetary \$ , ,	
		Total Monetary \$ , ,
In-Ki	nd \$ , ,	
		(8) Other Distributions
		\$ , ,
(9)	TOTAL Monetary Contributions To Date \$ 16,946,72 ,	(10) TOTAL Monetary Expenditures To Date \$ 7,076.1,7
	(11) Cert	
	It is a first degree misdemeanor for any person	
	ertify that I have examined this report and it is true, corre	ect, and complete:
	<sub>/pe name)</sub> Charles Burkett	(Type name) Charles Burkett
or e	Individual (only for IE ☑ Treasurer ☐ Deputy Treasurer electioneering comm.)	✓ Candidate
X	//	x /8
Sig	gnature	Signature

### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Charles W. Burkett				(2)	I.D. Number	FEB23 ':	24 1:05PM
(3) Cover F	Period 2/10/22 //	_ /	through	<sup>2/22/24</sup> /	/	(4) Page		of $\bot$

(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
/15/24 	Deborah Cimadevilla 6381 SW 62nd Terrace South Miami, FL 33143	I	Real Estate	CHE			400.00
/16/24	Mary Spillane 34 Hancock Street Unit 1D Boston, MA 02114	I	Exec. Coordi	RCT			500.00
/22/2 <mark>4</mark> /	Anton Becker 9489 Carlyle Avenue Surfside FL 33154	I	Retired	RCT			100.00
/22/24 	Home Depot 12055 Biscayne Blvd North Miami FL 33181	В	Sales	RCT			26.72
1 1							
		0°	*				
1 1		0.	*				
- 4		400° 500° 100°	+				
1 1	1,	26·72 026·72	+				
			1				

## CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES OF SURFSIDE

(1) Name Charles W. Burket		EASURER'S REPU	KI – II EIVII	(2) I.D. Number	FEB23 '24 1:05PM
(3) Cover Period <sup>2/10/24</sup>	1	through 2/22/2/4	1	(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
1	Color Copies USA, 140 NE 32nd Court, Oakland Park, FL 33334 (Fort Lauderdale)	flyer mailer	MON		\$396.15
/16/24 /	Burkett Properties, Inc. 1332 Biscaya Drive Surfside FL 33154	drop off signs	мои		\$75.00
/16/24 /	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic contribution fee	MON		20.30
2/20/24	Color Copies USA, 140 NE 32nd Court, Oakland Park, FL 33334 (Fort Lauderdale)	Flyer mailer	мои		396.15
2/22/34 /	Home Depot 12055 Biscayne Blvd North Miami FL 33181	Sign stands	MON		26.72
6	Home Depot 12055 Biscayne Blvd North Miami FL 33181	sign stands	МОИ		36.43
2/22/24	Color Copies USA, 140 NE 32nd Court, Oakland Park, FL 33334 (Fort Lauderdale)	flyer mailer	MON		773.57
2/22/34	Color Copies USA, 140 NE 32nd Court, Oakland Park, FL 33334 (Fort Lauderdale)	flyer mailer	мои		585.92
8					

FEB23 '24 1:06PM

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

CAMPAIGN TREASURER'S REP	JRI - ITEMIZED EXTENDITORES
(1) Name Charles W. Burkett	(2) I.D. Number
(1) Name	
(3) Cover Period 2/10/24 / through 2/22/24	/ (4) Page of
(6) 66761 61164	

(5)	(7)	(8)	(9)	(10)	(11)
Date  (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
/22/ <b>f</b> 4 /	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution fee	MON		4.30
/ /					
/ /					
/ /					
/ /					
/ /	0° 396°15 + 75° +				
/ /	20•3 ÷ 396•15 ÷ 26•72 ÷ 36•43 ÷ 773•57 ÷				
//	585•92 + 4•3 + 2;314•54				

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



Name Lanles W. Bunkel  I.D. Number	TOWN OF SURFSIDE
Address (number and street)  City, State, Zip Code  CHECK IF ADDRESS HAS CHANGED	FEB23 '24 1:06PM
Candidate for:	
☐ Commissioner, District	o-Area
Report Name Cover Period  Report Type Cover Period  Report Type Amendment	2/10/2 through 2/22/2 Y
CERTIFI	CATION
It is a first degree misdemeanor for any pers	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.  (Type name)    Correct   Correct	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Candidate
Signature	Signature

# TOWN OF SURFSIDE FEB23 '24 1-94PM PADE COUNTY

## PAID CAMPAIGN WORKERS PARTICIPATING IN ABSENTEE BALLOT ACTIVITIES

This	s report must be filed by applicable ca	ndidates running for T	own of Surfside Mayor or Town Commiss	loner.
(1) Name _	Charles W.	Rurlett	(2) I.D. Number	100 to
(3) Report N	ame	(4) Cover Period _	2 10/2 (through 2	122/2
(5) Report T	ype D-Original D 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
NA	NA	10/1	NA	10/1
	,	,	,	
		4		
4				

	CAMPAIGN TREASURE	R'S REPORT SUMMARY
(1)	Charles W. Burkett	OFFICE USE ONLY
	Name	
(2)	1332 Biscaya Drive	TOWN OF SURFSIDE
	Address (number and street) Surfside FL 33154	MARS '24 1:30PM
	City, State, Zip Code	77.
	Check here if address has changed	(3) ID Number:
(4)	Check appropriate box(es):  ✓ Candidate Office Sought: Mayor  ☐ Political Committee (PC)	
	☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PC or ECO has disbanded☐ Check here if PTY has disbanded☐ Check here if no other IE or EC reports will be filed☐
	(5) Report	
Cov	er Period: From $\frac{2}{2}$ / $\frac{23}{2}$ / $\frac{24}{2}$ To	3 / 7 / 24 Report Type: 11P1
	Original Amendment Spe	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cas	h & Checks \$ 3000.00 ,	Monetary Expenditures \$ 661,24 ,
Loa	ns \$,,	Transfers to Office Account \$ , , .
Tota	al Monetary \$ , ,	Total Monetary \$ ,
In-K	ind \$ <u>829.45</u> ,	
		(8) Other Distributions \$ , ,
(9)	TOTAL Monetary Contributions To Date \$ 19,946,72 ,	(10) TOTAL Monetary Expenditures To Date \$ 7737.41, ,
	tification on to falsify a public record (ss. 839.13, F.S.)	
	certify that I have examined this report and it is true, corr	
_(7	<sub>Type name)</sub> Charles W. Burkett	<sub>(Type name)</sub> Charles W. Burkett
01	Individual (only for IE  Treasurer Deputy Treasurer electioneering comm.)	☐ Chairperson (only for PC and PTY)
	$\Lambda$	
X	ignature	Signature
/	DE 12 (Rev. 11/13)	SEE REVERSE FOR INSTRUCTIONS

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Charl	es W. Burkett			(2	) I.D. Number	MAR8 '24	1:30PM PX
(3) Cover Period	////	_ throu	igh/		_ (4) Page		of
(5) Date (6) Sequence	(7) Full Name (Last, Suffix, First, Middle) Street Address &	С	(8) ontributor	(9) Contribution	(10)	(11)	(12)
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount
2/23/24 / / 1	Hialeah Fee Commons LTD 1800 Sunset Harbour Dr. #2 Miami Beach, FL 33139	В	Investments	CHE			1000.00
2/23/24 / /	West Flagler Partners LTD 1800 Sunset Harbour Drive #2 Miami Beach FL 33139	В	Investments	СНЕ			1000.00
2/24/24 /	Jeri Goodkin Dausey 2035 S. Hibiscus Drive North Miami FL 33181	I	Consultant	RCT			1000.00
3/5/24 / /	Violation Clinic, Inc. 1111 Kane Concorse Suite 509 Bay Harbor Islands FL 33154	В	Resolves vio		Flanigans Ev		829.45
1 1			b.0				
1 1		0.	*			0.	*
1 1	1	,000 ,000 ,000 ,000	+ +			16,946.72 3,000. 19,946.72	+

DS-DE 13 (Rev. 11/13)

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles W. Burkett	(2) I.D. Numb	er		
(3) Cover Period 2.23.34 /	through 3.7.24/	/ (4) Page <sup>1</sup>	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
1	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		40.30
.4.24	Godaddy.com 2155 E. GoDaddy Way Tempe, AZ 85284	WEbsite	мом		34.99
.6.24	Color Copies USA, 140 NE 32nd Court, Oakland Park, FL 33334 (Fort Lauderdale)	Flyer/mailer	MON		585.92
/ /					
/ /					
/ /				0.	*
/ /	0 · · * 40 · 3 + 34 · 99 + 585 · 95 + 661 · 24 *			7,076•17 661•24 7,737•41	+
_/_/_					

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



Name Charles W. Bur	OFFICE USE ONLY
I.D. Number	
	TOWN OF SURFSIDE
Address (number and street)	MARS '24 1:30PM
City State, Zip Code 3713	4
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
Mayor	
Commissioner, District	
☐ Property Appraiser	
☐ Clerk of the Circuit Courts	
☐ Community Council, Area, Su	b-Area
DED COT IN	
REPORT IDE  Cover Period	0/- 2/214
Report Type Deriginal Amendment	
CERTIF	ICATION
	on to falsify a public record (ss. 839.13, F.S.)
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true,
Charles W. Runkett	correct, and complete.  Clarles W. Burke H
(Type name) Treasurer Deputy Treasurer	(Type name)
X/V	x /
Signature	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. (2) I.D. Number (1) Name (3) Report Name (4) Cover Period Ø original ☐ Amendment (5) Report Type of (6) Page (10)(11) (8) (9) (7)Name of Organization Employed By Amendment **Full Name** Employed By Row (if not directly hired by campaign) Number (Last, Suffix, First, Middle) Type TOWN OF SURFSIDE

	CAMPAIGN TREASUR	ER'S REPORT SUMMARY
(1)	Charles W. Burkett	OFFICE USE ONLY
(2)	Name 1332 Biscaya Drive	
(2)	Address (number and street)	MAR15 '24 2:33PM
	Surfside FL 33154	Smr.
	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) ☐ Party Executive Committee (PTY) ☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded ☐ Check here if no other IE or EC reports will be filed
	(5) Repor	t Identifiers
Cove	er Period: From <u>3.8.24</u> / To	3.15/24 / Report Type: 4P1
<b>✓</b> Oı	riginal Amendment Sp	ecial Election Report
(6)	Contributions This Report	(7) Expenditures This Report
Cash	% Checks \$ 643.,00 ,	Monetary Expenditures \$ 3050.47 ,
Loan	s	Transfers to Office Account \$ , ,
	Monetary \$ , ,	Total Monetary \$ , ,
In-Kir	na	(0)
		(8) Other Distributions \$ , ,
	TOTAL Monetary Contributions To Date \$ _20,589,72,	(10) TOTAL Monetary Expenditures To Date \$ 10,787,88 ,
	(11) Cert It is a first degree misdemeanor for any person	on to falsify a public record (ss. 839.13, F.S.)
	ertify that I have examined this report and it is true, corre	ect, and complete:
_	charles W. Burkett	(Type name) Charles W. Burkett
or el	ndividual (only for IE	☑ Candidate ☐ Chairperson (only for PC and PTY)
X//	anturo .	x/ {
əigr	nature	Signature

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Charles W.	. Burkett					(2) I.D. Number	MAR15	'24 2:33P	M
(3) Cover F	Period	3.8.24	,	through	3.15.24	,	(4) Page	1	of 1	

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Co Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
3.8.24	Keith London 613 Oleander Drive Hallandale FL 33009	I	Retired	CHE			18.00
3.8.24	Alejandrina Pankey & James Pankey 41 S 900 E Apt 103 Salt Lake City UT 84102	I	Retired	CHE			500.00
3.9.24 / /	Ben Dinatale 9455 Collins Avenue Suite 904 Surfside FL 33154	I	Retired	RCT			100.00
3.10.24	Jacqueline Bismarck 9156 Collins Avenue Apt 106 Surfside FL 33154	I	Teacher	RCT			25.00
1 1							
1 1		0° 18° 500° 100°	+ + + +			0° * 946°72 + 643° + 589°72 *	
1 1		25• 643•			and the second second		

DS-DE 13 (Rev. 11/13)

#### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles W. Burkett	(2) I.D. Number	_
(3) Cover Period 3.8.24// through 3.15.2/4	/ <sup>4</sup> / (4) Page of	

(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	Expenditure Type	Amendment	Amount
1	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		4.30
10.24	Anedot, Inc. 1340 Paydras Street Suite 1770 New Orleans, LA 70112	Electronic Contribution Fee	MON		1.30
12.24	Diaz Consulting Group 95 Merrick Way 3rd FL Coral Gables FL 33134	flyer/mailer	мом		2669.87
14.24	Alex Botello 122 Sevilla Avenue, Apt 1618 Coral Gables FL 33134	Security at Flanigans Event	MON		\$375.00
/ /	0.	*			
/ /	4.3 + 1.3 + 2,669.87 + 375. + 3,050.47 *			0• 7;737•41 3;050•47	+
//				10,787.88	
//					

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



Name Clarks W. Burlak	OFFICE USE ONLY
I.D. Number	MAR 15 to 4 comme
Address (number and street)  City, State, Zip Code  City, State, Zip Code	TOWN OF SURFSIDE
☐ CHECK IF ADDRESS HAS CHANGED	
Candidate for:	
☐ Mayor ☐ Commissioner, District ☐ Property Appraiser ☐ Clerk of the Circuit Courts ☐ Community Council, Area, Sub-	o-Area
Report Name Cover Period  Report Type Griginal Amendment	2/8/24 2/15/24
OFFICE	CATION
CERTIFI It is a first degree misdemeanor for any pers	
I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Treasurer  Deputy Treasurer	I certify that I have examined this report and it is true, correct, and complete.  (Type name)  Candidate
Signature	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. MAR15 '24 2:33PM (1) Name (2) I.D. Number (3) Report Name through (4) Cover Period (5) Report Type Original ☐ Amendment (6) Page of (7)(8) (9) (10) (11) **Full Name** Row **Employed By** Name of Organization Employed By Amendment Number (Last, Suffix, First, Middle) (if not directly hired by campaign) Type