

APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

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

(PLEASE PRINT OR TYPE)

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

REC 22 PM 12:33

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

Charles W. Burkett

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

1332 Biscaya Dr.
Surfside, FL 33154

4. Telephone

(305) 517-
1175

5. E-mail address

Charles Burkett
Companies.com

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

Mayor, Town of Surfside

7. If a candidate for a nonpartisan office, check if
applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Charles W. Burkett

11. Mailing Address

1332 Biscaya Dr.

12. Telephone

(305) 517-1175

13. City

Surfside

14. County

Miami-
Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

Charles Burkett
Companies.com

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

19. Name of Bank

20. Address

21. City

22. County

23. State

24. Zip Code

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND
DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

12/22/2021

26. Signature of Candidate

X

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

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

designated above as:

☒ Campaign Treasurer ☐ Deputy Treasurer.

12/22/2021
Date

X

Signature of Campaign Treasurer or Deputy Treasurer

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

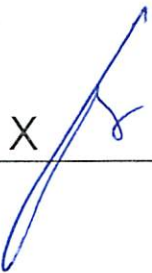
DEC 22 PM 12:33



I, Charles W. Burkett,

candidate for the office of Mayor, Town of Surfside;

have been provided access to read and understand the requirements of
Chapter 106, Florida Statutes.

X 

Signature of Candidate

12/22/2021
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)

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

JAN 18 PM 11:57

DEC 22 PM 12:33

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

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

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

Charles W. Burkett

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

1332 Biscaya Dr.
Surfside, FL 33154

4. Telephone

(305) 517-1175

5. E-mail address

Charles C Burkett
Companies.COM

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

Mayor, Town of Surfside

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

Charles W. Burkett

11. Mailing Address

1332 Biscaya Dr.

12. Telephone

(305) 517-1175

13. City

Surfside

14. County

Miami-Dade

15. State

FL

16. Zip Code

33154

17. E-mail address

Charles C Burkett
Companies.COM

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

19. Name of Bank

Northern Trust Bank

20. Address

700 Brickell Avenue

21. City

Miami

22. County

Dade

23. State

FL

24. Zip Code

33131

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

12/22/2021

26. Signature of Candidate

X/S

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

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

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

12/22/2021

Date

X/S

Signature of Campaign Treasurer or Deputy Treasurer

**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 Charles Burkett for the office of Mayor (Mayor or Commissioner) at an election to be held on March 17, 2020.

JAN 19 PM 3:08

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

Signature: <u>MARIO FERRERINA</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>Mario Ferrerina</u>	Address: _____
Signature: <u>Mithun Wolk</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>Mithun Wolk</u>	Address: _____
Signature: <u>Shane Trucchio</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>Shane Trucchio</u>	Address: _____
Signature: <u>Mary Ann Estomba</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>Mary Ann Estomba</u>	Address: _____
Signature: <u>Alice Ellis</u>	Date: <u>Jan 19/22</u> D.O.B. _____
Print Name: <u>Alice Ellis</u>	Address: _____
Signature: <u>Emily Ellis</u>	Date: <u>Jan 19/22</u> D.O.B. _____
Print Name: <u>Emily Ellis</u>	Address: _____
Signature: <u>Freddy Silva</u>	Date: <u>Jan 19/22</u> D.O.B. _____
Print Name: <u>Frederico Silva</u>	Address: _____
Signature: <u>Brett Ellis</u>	Date: <u>Jan 19/22</u> D.O.B. _____
Print Name: <u>Brett Ellis</u>	Address: _____
Signature: <u>Sam</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Sam</u>	Address: _____
Signature: <u>Mary Starna</u>	Date: <u>01-19-21</u> D.O.B. _____
Print Name: <u>Mary Starna</u>	Address: _____
Signature: <u>Christina Evans</u>	Date: <u>01-19-21</u> D.O.B. _____
Print Name: <u>Christina Evans</u>	Address: _____
Signature: <u>Deannette Gato</u>	Date: <u>1-19-21</u> D.O.B. _____
Print Name: <u>Deannette Gato</u>	Address: _____
Signature: <u>Sonia M. Haddach</u>	Date: <u>01-19-2022</u> D.O.B. _____
Print Name: <u>Sonia M. Haddach</u>	Address: _____

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]
Address of Circulator: 701 88 St Surfside FL 33154
Email address of Circulator: Jesvinagread@hotmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/18/22

**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 Charles Burkett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
17, 2020. JAN 19 PM 3:08

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

Signature: <u>[Signature]</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>[Signature]</u>	Address: _____
Signature: <u>[Signature]</u>	Date: _____ D.O.B. _____
Print Name: <u>Mirella ORE</u>	Address: _____
Signature: <u>Mirella Stupe</u>	Date: <u>01/18/22</u> D.O.B. _____
Print Name: _____	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1-18-22</u> D.O.B. _____
Print Name: <u>DORA SCHOTT</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>PAUL BECSKEHASY</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>Carla Becskehazy</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>Kenneth Kim</u>	Address: _____
Signature: <u>Angie Lewis</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>[Signature]</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>Pina Rosen</u>	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]

Address of Circulator: 1322 Divorce Drive
Email address of Circulator: Charles Burkett@compair.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/18/22

Office**

**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 Charles Burkett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
17, 2020.

JAN 19 PM 3:08

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

Signature: <u>Carolyn Baume</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>CAROLYN BAUMEL</u>	Address: _____
Signature: <u>Charles Burkett</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Charles Burkett</u>	Address: _____
Signature: <u>Dolly Velasquez</u>	Date: <u>1/19/22</u> D.O.B. _____
Print Name: <u>Dolly Velasquez</u>	Address: _____
Signature: <u>Deborah Cimadevilla</u>	Date: <u>1/19/2022</u> D.O.B. _____
Print Name: <u>Deborah Cimadevilla</u>	Address: _____
Signature: <u>Robert Swedroe</u>	Date: <u>1/19/2022</u> D.O.B. _____
Print Name: <u>ROBERT SWEDROE</u>	Address: _____
Signature: <u>Robert Swedroe</u>	Date: <u>1/19/2023</u> D.O.B. _____
Print Name: <u>Robert Swedroe</u>	Address: _____
Signature: <u>Diana Gonzalez</u>	Date: <u>1-18-2022</u> D.O.B. _____
Print Name: <u>Diana Gonzalez</u>	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]

Address of Circulator: 1322 Biscaya Drive

Email address of Circulator: Charles@burkettcompanies.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature] Date: 1/19/22

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

Website Version Only

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

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

JAN 19 PM 3:08

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

Signature: <u>Barbara Wall</u>	Date: <u>1-18-22</u> D.O.B. <u>-</u>
Print Name: <u>Barbara Wall</u>	Address: <u>-</u>
Signature: <u>Daryl Wall</u>	Date: <u>1-18-22</u> D.O.B. <u>-</u>
Print Name: <u>Daryl Wall</u>	Address: <u>-</u>
Signature: <u>Michael Klats</u>	Date: <u>1/18/21</u> D.O.B. <u>-</u>
Print Name: <u>Michael Klats</u>	Address: <u>1</u>
Signature: <u>Elaine Harari</u>	Date: <u>1-18-22</u> D.O.B. <u>-</u>
Print Name: <u>Elaine Harari</u>	Address: <u>-</u>
Signature: <u>David Harari</u>	Date: <u>1/18/22</u> D.O.B. <u>-</u>
Print Name: <u>DAVID HARARI</u>	Address: <u>-</u>
Signature: <u>Ashley Turchin</u>	Date: <u>1/18/22</u> D.O.B. <u>-</u>
Print Name: <u>Ashley Turchin</u>	Address: <u>-</u>
Signature: <u>Charles C. Cook</u>	Date: <u>1/18/22</u> D.O.B. <u>-</u>
Print Name: <u>Charles C. Cook</u>	Address: <u>-</u>
Signature: <u>Camila F.S. Cook</u>	Date: <u>1/18/22</u> D.O.B. <u>-</u>
Print Name: <u>Camila F.S. Cook</u>	Address: <u>-</u>
Signature: <u>Sarah Wilson</u>	Date: <u>1-18-22</u> D.O.B. <u>-</u>
Print Name: <u>Sarah Wilson</u>	Address: <u>-</u>
Signature: <u>Sarah Pettit</u>	Date: <u>1/18</u> D.O.B. <u>-</u>
Print Name: <u>Sarah Pettit</u>	Address: <u>-</u>
Signature: <u>Xuoning Edredge</u>	Date: <u>1-18-22</u> D.O.B. <u>-</u>
Print Name: <u>Xuoning Edredge</u>	Address: <u>-</u>
Signature: <u>LINDEN NELSON</u>	Date: <u>1-18-2022</u> D.O.B. <u>-</u>
Print Name: <u>LINDEN NELSON</u>	Address: <u>-</u>
Signature: <u>Carlos Aparicio</u>	Date: <u>1/18/22</u> D.O.B. <u>-</u>
Print Name: <u>Carlos Aparicio</u>	Address: <u>-</u>

STATEMENT OF CIRCULATOR

The undersigned is the circulator of the foregoing paper containing 13 signatures. Each signature appended thereto was made in my presence and is the genuine signature of the person whose name it purports to be.

Signature of Circulator: [Signature]

Address of Circulator: 1332 Biscaya Drive

Email address of Circulator: Charles.Burkett@compuserve.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature]

Date: 1/18/22

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

PLEASE SIGN AND PRINT YOUR NAME CLEARLY

****Website Version Only****

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles Burkett for the office of Mayor (Mayor or Commissioner) at an election to be held on March 17, 2020. JAN 19 PM 3:09

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

Signature: <u>[Signature]</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>Jessy Vinagre</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>Conrado Cabrera</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>01/18/2022</u> D.O.B. _____
Print Name: <u>EDUARDO L. MOLINA</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>Ben Brummett</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>JAN 18</u> D.O.B. _____
Print Name: <u>Julie BAWDRON</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1-18-22</u> D.O.B. _____
Print Name: <u>SEBASTIAN BUECH</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>Paul Glasgow</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>Tamsin Glasgow</u>	Address: _____ Ave
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>Stephen Cohen</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/18/22</u> D.O.B. _____
Print Name: <u>CARINE NAKIELCH</u>	Address: _____
Signature: <u>[Signature]</u>	Date: <u>1/18/2022</u> D.O.B. _____
Print Name: <u>MARION OTT NEKKA</u>	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____
Signature: _____	Date: _____ D.O.B. _____
Print Name: _____	Address: _____

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]

Address of Circulator: 222 BURGESS DR

Full address of Circulator: Charles Burkett@compnetz.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature]

Date: 1/18/22

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

PLEASE SIGN AND PRINT YOUR NAME CLEARLY **Website Version Only**

NOMINATING PETITION FOR MAYOR OR COMMISSIONER

TOWN OF SURFSIDE, FLORIDA

We the undersigned electors of the Town of Surfside, Florida, hereby nominate Charles Burkett
for the office of Mayor (Mayor or Commissioner) at an election to be held on March
17, 2020. JAN 19 PM 3:09

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

Signature: <u>[Signature]</u>	Date: <u>1/19/2022</u> D.O.B. <u>---</u>
Print Name: <u>Marlene Sanchez</u>	Address: <u>---</u>
Signature: <u>[Signature]</u>	Date: <u>1/19/2022</u> D.O.B. <u>---</u>
Print Name: <u>Renee Sanchez</u>	Address: <u>---</u>
Signature: <u>[Signature]</u>	Date: <u>1-19-22</u> D.O.B. <u>---</u>
Print Name: <u>MARIA SANCHEZ</u>	Address: <u>---</u>
Signature: <u>[Signature]</u>	Date: <u>1.19.22</u> D.O.B. <u>---</u>
Print Name: <u>Michelle Wilson</u>	Address: <u>---</u>
Signature: <u>---</u>	Date: <u>---</u> D.O.B. <u>---</u>
Print Name: <u>---</u>	Address: <u>---</u>
Signature: <u>---</u>	Date: <u>---</u> D.O.B. <u>---</u>
Print Name: <u>---</u>	Address: <u>---</u>
Signature: <u>---</u>	Date: <u>---</u> D.O.B. <u>---</u>
Print Name: <u>---</u>	Address: <u>---</u>
Signature: <u>---</u>	Date: <u>---</u> D.O.B. <u>---</u>
Print Name: <u>---</u>	Address: <u>---</u>
Signature: <u>---</u>	Date: <u>---</u> D.O.B. <u>---</u>
Print Name: <u>---</u>	Address: <u>---</u>
Signature: <u>---</u>	Date: <u>---</u> D.O.B. <u>---</u>
Print Name: <u>---</u>	Address: <u>---</u>
Signature: <u>---</u>	Date: <u>---</u> D.O.B. <u>---</u>
Print Name: <u>---</u>	Address: <u>---</u>
Signature: <u>---</u>	Date: <u>---</u> D.O.B. <u>---</u>
Print Name: <u>---</u>	Address: <u>---</u>
Signature: <u>---</u>	Date: <u>---</u> D.O.B. <u>---</u>
Print Name: <u>---</u>	Address: <u>---</u>

STATEMENT OF CIRCULATOR

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

Signature of Circulator: [Signature]

Address of Circulator: 701 - 88 St SURFSIDE

Email address of Circulator: Jesvinagred@hotmail.com

ACCEPTANCE OF NOMINATION

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

Signature of Candidate: [Signature]

Date: 1/19/22



NORTHERN TRUST

Miami Office
600 Brickell Avenue Suite 20
Miami, FL 33131

428628

2-0015/0710

January 19, 2022

Remitter: Charles W Burkett-Campaign Account
Ref: Qualifying fee

\$25.00 *

Pay to the order of: Town of Surfside

Twenty Five Dollars and 00/100**

Cashier's Check

The Northern Trust Company
Chicago, Illinois

Randa Winkler

Heat
Sensitive
Ink
←

**CANDIDATE OATH –
NONPARTISAN OFFICE**

(Do not use this form if a Judicial or School Board Candidate)

Check box **only** if you are seeking to qualify as a write-in candidate:

☐ Write-in candidate

JAN 19 PM 3:10

OFFICE USE ONLY

Candidate Oath

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

I, Charles W. Bucklett

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

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

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

I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected; I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes; 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.]

X 305 517 1175 Charles@bucklettcompanies.com
Signature of Candidate Telephone Number Email Address
1332 Biscaya Drive, Surfside, FL 33154
Address City State ZIP Code

STATE OF FLORIDA

COUNTY OF Miami-Dade

[Signature]
Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me this 19th
of January, 2022.

Personally Known: ☒ or Produced Identification: _____

Type of Identification Produced: _____



JAN 19 PM 3:17

TOWN OF SURFSIDE

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154

GENERAL ELECTION – MARCH 17, 2020

SWORN STATEMENT OF QUALIFICATION

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

STATE OF FLORIDA }

COUNTY OF MIAMI-DADE }

TOWN OF SURFSIDE }

I solemnly swear (or affirm) under oath, that my name is Charles W. Burkett,

that I am a Citizen of the United States, a qualified elector of Miami Dade County and the Town of

Surfside, Florida; that my address is 1332 Biscaya Drive, Surfside, FL

my occupation is Investments; that I have been

a resident of the Town of Surfside since 1996; that I will be at least twenty-one (21) years of

age by November 22, 2019 and that if elected, I will willingly serve as Mayor

(Mayor or Commissioner) of the Town of Surfside, if elected.

[Signature]
Signature of Candidate

1/19/22
Date

Sworn to and subscribed before me this 19 day of January, 2019.

[Signature]
NOTARY PUBLIC

Sandra N. McCreedy
PRINTED NAME OF NOTARY

FORM 1**STATEMENT OF
FINANCIAL INTERESTS****2021**Please print or type your name, mailing
address, agency name, and position below:**FOR OFFICE USE ONLY:**

LAST NAME -- FIRST NAME -- MIDDLE NAME :

Burkett Charles William

MAILING ADDRESS :

1332 Biscaya Drive

CITY :

Surfside

ZIP :

33154

COUNTY :

Miami Dade

NAME OF AGENCY :

Town of Surfside

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Candidate for Mayor

CHECK ONLY IF ☒ CANDIDATE OR ☐ NEW EMPLOYEE OR APPOINTEE

JAN 19 PM 3:21

****** THIS SECTION MUST BE COMPLETED ********DISCLOSURE PERIOD:**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021.

MANNER OF CALCULATING REPORTABLE INTERESTS:FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (**must check one**):COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☐ DOLLAR VALUE THRESHOLDS**PART A -- PRIMARY SOURCES OF INCOME** [Major sources of income to the reporting person - See instructions]
(If you have nothing to report, write "none" or "n/a")

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
See attachment "A"		

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

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
See attachment "B"			

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

See Attachment "C"

You are not limited to the space on the
lines on this form. Attach additional
sheets, if necessary.**FILING INSTRUCTIONS** for when
and where to file this form are
located at the bottom of page 2.**INSTRUCTIONS** on who must file
this form and how to fill it out
begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc. - See instructions]

(If you have nothing to report, write "none" or "n/a")

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
See attachment "D"	

PART E — LIABILITIES [Major debts - See instructions]

(If you have nothing to report, write "none" or "n/a")

NAME OF CREDITOR	ADDRESS OF CREDITOR
See attachment "E"	

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	See attachment "F"	
ADDRESS OF BUSINESS ENTITY		
PRINCIPAL BUSINESS ACTIVITY		
POSITION HELD WITH ENTITY		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS		
NATURE OF MY OWNERSHIP INTEREST		

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: _____

Date Signed: _____

January 19, 2022

CPA or ATTORNEY SIGNATURE ONLY

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

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

CPA/Attorney Signature: _____

Date Signed: _____

FILING INSTRUCTIONS:

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

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

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), 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, 2021.

ATTACHMENT A.

PRIMARY SOURCES OF INCOME

Name of Business Entity

Burbett Family Limited Partnership
RentMattersBeach LLC
Pensacola Insurance Bureau
The Burbett Land Company
Burbett Properties, Inc.

Address of source

1332 Giscaya Drive, Surfside FL 33154
1332 Giscaya Drive, Surfside FL 33154
6065 NW 167th St., Miami FL 33015
1332 Giscaya Drive, Surfside FL 33154
1332 Giscaya Drive, Surfside FL 33154

Principle business activity

Real Estate Investments
Mortgage Lending
Insurance Company
Real Estate Investments
Property Management

ATTACHMENT B.

SECONDARY SOURCES OF INCOME

Name of Business Entity	Name of major sources of business' income	Address of source	Principle business activity source
Burkett Family Limited Partnership	The Lois Apartments Office Warehouse building Office Warehouse building Office Warehouse building	2001 Bay Drive, Miami Beach FL 7830 S. 10th St. Oak Creek, WI 451 Southpoint Circle, Brownsburg IN 1250 Samples Industrial Drive, Cumming GA	Apartment rentals Commercial rental Commercial rentals Commercial rentals
RentMiamiBeach, LLC	Retail rental building The Lois Apartments	2717 18th Street, Kenosha WI 2001 Bay Drive, Miami Beach FL	Commercial rentals Apartment rentals
The Burkett Land Company	Little Chute A LLC Oakwood Corporate Center LLC Ronda BSP B LLC	1821 E. Main St. Little Chute WI 4520 NE 18th Avenue, Ft. Lauderdale FL 8941-8351 Ronda Dr. Canton MI	Commercial rental Commercial rental Commercial rental

Attachment C.

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

Attachment D.

Intangible personal property:

1) Ownership interest in:

- a) The Burkett Family Limited Partnership**
- b) RentMiamiBeach LLC**
- c) The Burkett Land Company, Inc.**

2) Receivables due:

- a) Due RentMiamiBeach, LLC.**

3) Prepaid Taxes:

- a) United States Treasury**

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, Iberia Bank, FL, National Exchange Bank and Trust, WI, State Bank of Lizton, IN, Wells Fargo, FL, Citizens First Bank, FL**

Attachment E.

Liabilities:

1) None

Attachment F.

Interests in specified businesses:

- | | |
|--------------------------------|--|
| 1) Name of entity: | RentMiamiBeach LLC |
| 2) Address: | 1332 Biscaya Drive, Surfside FL 33154 |
| 3) Principle activity: | Small loan company |
| 4) Position held: | Owner |
| 5) Percentage owned: | 100% |
| 6) Nature of ownership: | Member shares |



Elections
2700 NW 87th Avenue
Miami, Florida 33172

miamidade.gov

January 21, 2022

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

Dear Mrs. McCready:

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 26 petitions were reviewed for verification; of which 26 were certified.

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

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

Sincerely,

A handwritten signature in blue ink, appearing to be "Christina White", written over a horizontal line.

Christina White
Supervisor of Elections

Enclosure (1)



Elections
2700 NW 87th Avenue
Miami, Florida 33172

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 **26** signatures submitted by **Charles W. Burkett** for the office of **Mayor** for the **Town of Surfside** matched the signatures on the voter files.

A blue ink handwritten signature, appearing to be "CW", written over a horizontal line.

Christina White
Supervisor of Elections

WITNESS MY HAND
AND OFFICIAL SEAL,
AT MIAMI, MIAMI-DADE
COUNTY, FLORIDA,
ON THIS 21st DAY OF
JANUARY, 2022



TOWN OF SURFSIDE
Office of the Town Clerk

MUNICIPAL BUILDING
9293 HARDING AVENUE
SURFSIDE, FLORIDA 33154-3009

Telephone: 305 861-4863

Sandra N. McCready, MPA, MMC,
Town Clerk

January 24, 2022

Mr. Charles W. Burkett
1332 Biscayne 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 Mayor for the Town of Surfside. Your name will be placed on the ballot for the March 15, 2022 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 N. McCready, MPA, MMC
Town Clerk

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charles Burkett

Name

(2) 1332 Biscaya Dr.

Address (number and street)

Surfside, FL 33154

City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

OFFICE USE ONLY

FEB4 '22 11:22AM

(4) Check appropriate box(es):

☒ Candidate Office Sought: mayor

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 1 / 1 / 22 To 1 / 31 / 22 Report Type: 2022

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ 10,000.00 XX

Total Monetary \$ 10,000.00 XX

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 57.25

Transfers to Office Account \$ _____

Total Monetary \$ 57.25

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 10,000.00 XX

(10) TOTAL Monetary Expenditures To Date

\$ 57.25

(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)

Charles W. Burkett

☐ Individual (only for IE or electioneering comm.)

☒ Treasurer

☐ Deputy Treasurer

X
Signature

(Type name)

Charles W. Burkett

☒ Candidate

☐ Chairperson (only for PC and PTY)

X
Signature

FEB4 '22 11:22PM

(2) I.D. Number _____

[illegible]

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles Burkett

(2) I.D. Number _____

(3) Cover Period 1 / 1 / 22 through 1 / 31 / 22(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1/19/22	Northern Trust Bank 505 S. LaSalle St. Chicago, IL 60675	Bank fee for cashiers ck for qualifying fee	mon		\$8.00
1					
1/19/22	Town of Surfside 9093 Harding Ave Surfside FL 33154	qualifying fee	mon		\$25.00
2					
1/25/22	Northern Trust Bank 505 S. LaSalle St. Chicago, IL 60675	Campaign account checks	mon		\$4.75
//					
//					
//					
//					

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



OFFICE USE ONLY

Name

Charles Burkett

I.D. Number

Address (number and street)

1338 Biscaya Dr.

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

FEB4 '22 11:22AM

Candidate for:

☒ Mayor

☐ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 2022 mi Cover Period 1-1-22 through 1-31-22

Report Type ☒ Original ☐ Amendment

CERTIFICATION

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

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

Charles W. Burkett

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

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

Charles W. Burkett

(Type name) ☒ Candidate

X

Signature

MIAMI-DADE
COUNTY

FEB4 '22 11:23AM

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charles Burkett
Name

(2) 1330 Biscaya Dr.
Address (number and street)

Surfside FL 33154
City, State, Zip Code

OFFICE USE ONLY

TOWN OF SURFSIDE

FEB18 '22 1:30PM

FEB18 '22 1:30PM

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Mayor

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 2 / 1 / 22 To 2 / 17 / 22 Report Type: 35 P1

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 3,024.25

Loans \$ _____

Total Monetary \$ 3,024.25

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 5,486.60

Transfers to Office Account \$ _____

Total Monetary \$ 5,486.60

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 3,024.25

(10) TOTAL Monetary Expenditures To Date

\$ 5,486.60

(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) Charles Burkett

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

(Type name) Charles Burkett

☒ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

X
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

SURFSIDE
FEB18 '22 1:30PM

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

(3) Cover Period 2 / 1 / 22 through 2 / 17 / 22 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
2 / 1 / 22 1	Northern Trust 505 S. LaSalle St Chicago, IL 60675	B Bank	RCT			\$24.25
2 / 15 / 22 2	Jamick Dev. 1300 Collins Ave #100 Miami Beach, FL 33139	B R.E. Investor	CHE			\$500.00
2 / 16 / 22 3	Bippy Siegel 9111 Collins Ave Surfside, FL 33154	I Private Investor	RCT (wire)			\$1000.00
2 / 16 / 22 4	Jackie Siegel 9111 Collins Ave Surfside, FL 33154	I Social Worker	RCT (wire)			\$1000.00
2 / 17 / 22 5	Brett Ellis 8998 Bay Dr. Surfside, FL 33154	I President Sabra Int'l	RCT (credit card website)			\$500.00
1 / 1 /						
1 / 1 /						

FEB 18 '22 1:38PM

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles Burkett

(2) I.D. Number _____

(3) Cover Period 2/1/22 through 2/17/22(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
2/2/22	Diaz Consulting Group	Actamer	mon		\$2500.00
1	PO Box 454351 Miami, FL 33245				
2/4/22	Northern Trust	checks (new)	mon		\$24.25
2	505 S. LaSalle St Chicago, FL 60675				
2/8/22	Diaz Consulting Group	Direct mail	mon		\$1358.48
3	PO Box 454351 Miami, FL 33245				
2/8/22	Diaz Consulting Group	Bilingual callers	mon		\$245.00
4	PO Box 454351 Miami, FL 33245				
2/11/22	Diaz Consulting Group	Direct mail	mon		\$1278.57
5	PO Box 454351 Miami, FL 33245				
2/17/22	Brett Ellis	charge from website to make a contribution (credit card website)	mon.		\$20.30
6	8998 Bay Dr. Surfside, FL 33154				
//					
//					

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



OFFICE USE ONLY

Name

Charles Burkett

I.D. Number

Address (number and street)

1332 Biscaya Dr.

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

FEB18 '22 1:31PM

Candidate for:

☒ Mayor

☐ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 25 P1 Cover Period 2-1-22 through 2-17-22

Report Type ☒ Original ☐ Amendment

CERTIFICATION

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

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

Charles Burkett

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

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

Charles Burkett

(Type name)

☒ Candidate

X

Signature

MIAMI-DADE
COUNTY

TOWN OF SURFSIDE

Number 22 1:31PM

(3) Report Name 25 P1 (4) Cover Period 2-1-22 through 2-17-22

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charles Burkett
Name

(2) 1332 Biscaya Dr.
Address (number and street)

Surfside, FL 33154
City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

TOWN OF SURFSIDE

MAR 4 '22 11:10AM

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Mayor

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 2 / 18 / 22 To 3 / 3 / 22 Report Type: 11P1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 3,675.00

Loans \$ _____

Total Monetary \$ 3,675.00

In-Kind \$ 250.00

(7) Expenditures This Report

Monetary Expenditures \$ 5,042.00

Transfers to Office Account \$ _____

Total Monetary \$ 5,042.00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 16,699.25

(10) TOTAL Monetary Expenditures To Date

\$ 10,525.85

(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) Charles Burkett

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

X
Signature

(Type name) Charles Burkett

☒ Candidate ☐ Chairperson (only for PC and PTY)

X
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE

MAR 4 '22 11:18AM

(1) Name Charles Burkett

(2) I.D. Number _____

(3) Cover Period 2 / 18 / 22 through 3 / 3 / 22

(4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
<u>2 / 19 / 22</u> 1	<u>Bryan Leib</u> <u>9048 Collins Ave</u> <u>Surfside, FL</u> <u>33154</u>	<u>I</u> <u>Self -</u> <u>employed</u>	<u>ACT</u> <u>credit</u> <u>card</u> <u>website</u>			<u>\$250.00</u>
<u>2 / 19 / 22</u> 2	<u>Don Maclean</u> <u>530 Gold Rush</u> <u>Ct.</u> <u>Ball Ground, GA</u> <u>30107</u>	<u>I</u> <u>Contractor</u>	<u>ACT</u> <u>credit</u> <u>card</u> <u>website</u>			<u>\$100.00</u>
<u>2 / 21 / 22</u> 3	<u>Peter Zuckerman</u> <u>9070 Bay Dr.</u> <u>Surfside, FL</u> <u>33154</u>	<u>I</u> <u>Business</u>	<u>ACT</u> <u>credit</u> <u>card</u> <u>website</u>			<u>\$250.00</u>
<u>2 / 22 / 22</u> 4	<u>Douglas Kimmelman</u> <u>9001 Collins Ave</u> <u>Surfside, FL</u> <u>33154</u>	<u>I</u> <u>Investment</u> <u>manager</u>	<u>ACT</u> <u>credit</u> <u>card</u> <u>website</u>			<u>\$1000.00</u>
<u>2 / 22 / 22</u> 5	<u>Ivelisse Toro</u> <u>9025 Collins Ave.</u> <u>Surfside, FL</u> <u>33154</u>	<u>I</u> <u>Retired</u>	<u>ACT</u> <u>credit</u> <u>card</u> <u>website</u>			<u>\$50.00</u>
<u>2 / 25 / 22</u> 6	<u>Melvyn</u> <u>Schesser</u> <u>1300 Collins Ave</u> <u>#100</u> <u>Maclean FL</u> <u>33139</u>	<u>I</u> <u>Real</u> <u>Estate</u> <u>Investor</u>	<u>CHE</u>			<u>\$500.00</u>
<u>2 / 28 / 22</u> 7	<u>Steve Schott</u> <u>9111 Collins Ave</u> <u>N-914</u> <u>Surfside, FL</u> <u>33154</u>	<u>I</u> <u>Investment</u> <u>Advisor</u>	<u>CHE</u>			<u>\$50.00</u>

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

TOWN OF SURFSIDE

MAR 4 '22 11:10AM

(1) Name Charles Burkett

(2) I.D. Number _____

(3) Cover Period 2 / 18 / 22 through 3 / 3 / 22

(4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
<u>2 / 28 / 22</u>	<u>Lucia Schresser</u>	<u>I</u>	<u>Asst Controller</u>	<u>CHE</u>			<u>\$500.00</u>
<u>8</u>	<u>1315 Biscayne Dr.</u> <u>Surfside, FL</u> <u>33154</u>		<u>Jameck</u>				
<u>3 / 1 / 22</u>	<u>Flanigan's</u>	<u>B</u>	<u>Restau-</u>	<u>INK</u>	<u>2 signs</u>		<u>\$250.00</u>
<u>9</u>	<u>9516 Harding Ave</u> <u>Surfside, FL</u> <u>33154</u>		<u>rant</u>				
<u>3 / 1 / 22</u>	<u>Jeri Rauby</u>	<u>I</u>	<u>Control-</u>	<u>RCT</u>			<u>\$1000.00</u>
<u>10</u>	<u>2033 S. Hibiscus</u> <u>Dr.</u> <u>N. mia FL</u> <u>33181</u>		<u>tor</u>	<u>cred +</u> <u>card</u> <u>website</u>			
<u> / / </u>							
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<u> / / </u>							
<u> / / </u>							
<u> / / </u>							

MAR4 '22 11:10AM

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles Burkett

(2) I.D. Number _____

(3) Cover Period 2 / 18 / 22 through 3 / 3 / 22(4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
2/19/22	Bryan Leib 9248 Collins Ave. Surfside, FL 33154	Charge from CC website for donation	mon		\$10.30
1					
2/19/22	Don Macken 530 Gold Rush Ct. Ball Ground, GA 30107	charge from CC website for donation	mon		\$4.30
2					
2/21/22	Peter Zuckerman 9272 Bay Dr. Surfside, FL 33154	charge from CC website for donation	mon		\$1.30
3					
2/22/22	Diaz Consulting Group PO Box 454351 Miami, FL 33245	Direct mail	mon		\$163.30
4					
2/22/22	Douglas Kimmelman 9001 Collins Ave Surfside, FL 33154	charge from CC website for donation	mon		\$40.30
5					
2/22/22	Ivelisse Toro 9225 Collins Ave. Surfside, FL 33154	charge from CC website for donation	mon		\$2.30
6					
2/24/22	Diaz Consulting Group PO Box 454351 Miami, FL 33245	Direct mail & phone banking	mon		\$1395.00
7					
3/1/22	Jerri Dausey 2035 S. Hibiscus Dr. N. Ma. FL 33181	charge from CC website for donation	mon		\$40.30
8					

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles Burkett

(2) I.D. Number _____

(3) Cover Period 2 / 18 / 22 through 3 / 3 / 22(4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
3/3/22	Diaz Consulting Group	Postcards and phone banking	mon		\$1875.08
9	PO Box 454351 mia. FL 33245				
//					
//					
//					
//					
//					
//					
//					
//					

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



OFFICE USE ONLY

Name

Charles Burkett

I.D. Number

Address (number and street)

1332 Biscaya Dr.

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

TOWN OF SURFSIDE

MAR 4 '22 11:10AM

Candidate for:

☒ Mayor

☐ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 11 P1 Cover Period 2-18-22 through 3-3-22

Report Type ☒ Original ☐ Amendment

CERTIFICATION

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

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

Charles Burkett

(Type name)

☒ Treasurer

☐ Deputy Treasurer

X

Signature

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

Charles Burkett

(Type name)

☒ Candidate

X

Signature

MIAMI-DADE
COUNTYTOWN OF SURFSIDE
Town Commissioner

MAR4 '22 11:10AM

(2) I.D. Number _____

(3) Report Name 11P1 (4) Cover Period 2-18-22 through 3-3-22

(5) Report Type ☒ Original ☐ Amendment (6) Page 1 of 1

[illegible]

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Charles Burkett
Name

(2) 1332 Biscaya Dr.
Address (number and street)
Surfside, FL 33154
City, State, Zip Code

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ 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 3 / 4 / 22 To 3 / 10 / 22 Report Type: 4 P 1

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ 10 , 525 . 00

Loans \$ _____

Total Monetary \$ 10 , 525 . 00

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ 3 , 832 . 56

Transfers to Office Account \$ _____

Total Monetary \$ 3 , 832 . 56

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 27 , 224 . 25

(10) TOTAL Monetary Expenditures To Date

\$ 14 , 358 . 41

(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) Charles Burkett

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

X

Signature

(Type name) Charles Burkett

☒ Candidate ☐ Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Charles Buckett

(2) I.D. Number _____

(3) Cover Period 3 / 4 / 22 through 3 / 10 / 22(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
<u>3 / 4 / 22</u>	<u>Fabian Garcia Diaz</u> <u>3121 SW 22 Ave</u> <u>Mia FL 33133</u>	<u>charge from</u> <u>cc website</u> <u>for</u> <u>donation</u>	<u>mon</u>		<u>\$20.30</u>
<u>1</u>					
<u>3 / 8 / 22</u>	<u>Paul Stemborowski</u> <u>9273 Collins Ave.</u> <u>Surfside, FL</u> <u>33154</u>	<u>charge from</u> <u>cc website</u> <u>for</u> <u>donation</u>	<u>mon</u>		<u>\$1.30</u>
<u>2</u>					
<u>3 / 8 / 22</u>	<u>Diaz Consulting Group</u> <u>PO BOX 454351</u> <u>Mia FL 33245</u>	<u>Direct</u> <u>mail</u>	<u>mon</u>		<u>\$1460.00</u>
<u>3</u>					
<u>3 / 10 / 22</u>	<u>Diaz Consulting Group</u> <u>PO BOX 454351</u> <u>Mia FL 33245</u>	<u>Direct</u> <u>mail</u>	<u>mon</u>		<u>\$1585.50</u>
<u>4</u>					
<u>3 / 10 / 22</u>	<u>Swago Custom Apparel</u> <u>3146 John P. Curcio Dr.</u> <u>Pembroke Park, FL</u> <u>33009</u>	<u>Apparel</u> <u>(Hats)</u>	<u>mon</u>		<u>\$684.80</u>
<u>5</u>					
<u>3 / 10 / 22</u>	<u>Paul Jurgensen</u> <u>9111 Collins Ave.</u> <u>Surfside FL 33154</u>	<u>charge from</u> <u>cc website</u> <u>for</u> <u>donation</u>	<u>mon</u>		<u>\$40.30</u>
<u>6</u>					
<u>3 / 10 / 22</u>	<u>Lori Jurgensen</u> <u>9111 Collins Ave.</u> <u>Surfside, FL</u> <u>33154</u>	<u>charge from</u> <u>cc website</u> <u>for</u> <u>donation</u>	<u>mon</u>		<u>\$40.30</u>
<u>7</u>					
<u>//</u>					

CAMPAIGN TREASURER'S REPORT -- ITEMIZED CONTRIBUTIONS

(1) Name Charles Burkett

(2) I.D. Number _____

(3) Cover Period 3 / 4 / 22 through 3 / 10 / 22(4) Page 1 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(9) Occupation	(10) Contribution Type	(11) In-kind Description	(12) Amount
(6) Sequence Number						
3 / 4 / 22	Fabian Garcia Diaz 3121 SW 22 Ave Mia FL 33133	I	Realtor	RCT credit card website		\$500.00
1						
3 / 4 / 22	Jacqueline Simon PO Box 7033 Indianapolis, IN 46207-7033	I	Yogi instructor	CHE		\$1000.00
2						
3 / 4 / 22	Velda Turner 9001 Collins Ave #305 Surfside, FL 33154	I	Sr. VP Simon prop- erties	CHE		\$1000.00
3						
3 / 4 / 22	David Forbes 9001 Collins Ave #305 Surfside, FL 33154	I	Partner The Forbes Co.	CHE		\$1000.00
4						
3 / 7 / 22	Michelle Nelson 3501 W. Maple Rd Troy, MI 48064	I	Home- maker	CHE		\$1000.00
5						
3 / 7 / 22	Linden Nelson 3737 Collins Ave PH3 Mia Bch FL 33140	I	Investor	CHE		\$1000.00
6						
3 / 8 / 22	Paul Stemborowski 9273 Collins Surfside, FL 33154	I	mortgage Business	RCT credit card website		\$35.00
7						

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

MAR11 '22 11:52AM

(1) Name Charles Burkett

(2) I.D. Number _____

(3) Cover Period 3 / 4 / 22 through 3 / 10 / 22 (4) Page 2 of 2

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(9) Occupation	(10) Contribution Type	(11) In-kind Description	(12) Amount
(6) Sequence Number						
<u>3 / 8 / 22</u>	<u>Brendan S. Karson</u>	<u>I</u>	<u>Investor</u>	<u>ACT Bank Wire</u>		<u>\$1000.00</u>
<u>8</u>	<u>654 Madison Ave.</u>					
	<u>NY NY</u>					
	<u>10065</u>					
<u>3 / 8 / 22</u>	<u>Richard S. Lefrak</u>	<u>I</u>	<u>Investor</u>	<u>ACT Bank Wire</u>		<u>\$1000.00</u>
<u>9</u>	<u>9011 Collins Ave</u>					
	<u>Surfside FL</u>					
	<u>33154</u>					
<u>3 / 9 / 22</u>	<u>Harrison Tucker Lefrak</u>	<u>I</u>	<u>Investor</u>	<u>ACT Bank Wire</u>		<u>\$1000.00</u>
<u>10</u>	<u>9011 Collins Ave</u>					
	<u>Surfside, FL</u>					
	<u>33154</u>					
<u>3 / 10 / 22</u>	<u>Paul Jurgensen</u>	<u>I</u>	<u>Bus. Owner</u>	<u>ACT credit card website</u>		<u>\$1000.00</u>
<u>11</u>	<u>9111 Collins Ave</u>					
	<u>Surfside FL</u>					
	<u>33154</u>					
<u>3 / 10 / 22</u>	<u>Lori Jurgensen</u>	<u>I</u>	<u>Marketing Director</u>	<u>ACT credit card website</u>		<u>\$1000.00</u>
<u>12</u>	<u>9111 Collins Ave</u>					
	<u>Surfside FL</u>					
	<u>33154</u>					
<u>1 / 1</u>						
<u>1 / 1</u>						

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



OFFICE USE ONLY

Name

Charles Burkett

I.D. Number

Address (number and street)

1330 Biscaya Dr.

City, State, Zip Code

Surfside, FL 33154

☐ CHECK IF ADDRESS HAS CHANGED

MAR11 '22 11:52AM

Candidate for:

☒ Mayor

☐ Commissioner, District _____

☐ Property Appraiser

☐ Clerk of the Circuit Courts

☐ Community Council, Area _____, Sub-Area _____

REPORT IDENTIFIERS

Report Name 4 P1 Cover Period 3-4-22 through 3-10-22

Report Type ☒ Original ☐ Amendment

CERTIFICATION

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

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

Charles Burkett

(Type name) ☒ Treasurer ☐ Deputy Treasurer

X

Signature

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

Charles Burkett

(Type name) ☒ Candidate

X

Signature

