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OFFICE OF THE CITY CLERK
CITY OF MIAMI, FL

STATEMENT OF CANDIDATE

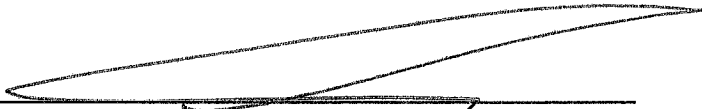
(Section 106.023, F.S.)

(Please Type)

I, ROBERT BURKE,
candidate for the office of COMMISSION DIST 5TH;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X



Signature of Candidate

08/12/13
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).

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES
(Section 106.021(1), F.S.)

(PLEASE TYPE)

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CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: ROBERT INGRAM BURKE 1. Address (include post office box or street, city, state, zip code): REDACTED

Telephone (optional): [REDACTED] 2. Party (Partisan candidates only): [REDACTED] 3. Office (add district, circuit or group number): COMMISSIONER 5

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer: ROBERT BURKE

5. Mailing Address (If post office box or drawer add street address): TBA 6. Telephone: 954-214-5157

7. City: MIAMI 8. County: DADE 9. State: FL 10. Zip Code: 33127

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: BELLS FARGO 12. Street Address: _____

13. City: MIAMI 14. County: DADE 15. State: FL 16. Zip Code: 33127

17. Signature of Candidate: [Signature] Date: 08/12/13

Campaign Treasurer's Acceptance of Appointment

I, ROBERT BURKE, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of ROBERT INGRAM BURKE

who is seeking nomination or election as a DEMOCRAT candidate to the office of
(Party)

COMMISSIONER 5 As a duly registered voter in MIAMI DADE
County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

08/12/13
Date

[Signature]
Signature of Campaign Treasurer or Deputy Treasurer

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

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CITY OF MIAMI, FL

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate: ROBERT INGRAM BURKE 1. Address (Include post office box or street, city, state, zip code): REDACTED

Telephone (optional): [REDACTED] 2. Party (Partisan candidates only): DEMOCRAT 3. Office (add district, circuit or group number):

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer: ROBERT BURKE

5. Mailing Address (If post office box or drawer add street address): TBA 6. Telephone: 954-214-5157

7. City: MIAMI 8. County: MEA-DADE 9. State: FL 10. Zip Code: 33127

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank: BB&T 12. Street Address: DOWNTOWN

13. City: MIAMI 14. County: DADE 15. State: FL 16. Zip Code: 33133

17. Signature of Candidate: [Signature] Date:

Campaign Treasurer's Acceptance of Appointment

I, ROBERT BURKE, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of ROBERT BURKE
who is seeking nomination or election as a DEMOCRAT candidate to the office of
(Party)

MAYOR As a duly registered voter in MIAMI-DADE
County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

08/12/13 Date

[Signature] Signature of Campaign Treasurer or Deputy Treasurer

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OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, ROBERT BURKE

candidate for the office of COMMISSIONER DIST-5;

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X [Signature] 08/10/13
Signature of Candidate 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).