

OF FINANCIAL INTERESTS

Please print or type your name, mailing address, agency name, and position below:

LAST NAME — FIRST NAME — MIDDLE NAME:

BURKE, JONATHAN ALEXANDER

MAILING ADDRESS:

9203 SW 215 TERR.

COTLER BAY 33189 MIAMI-DADE

CITY: ZIP: COUNTY:

MIAMI-DADE COUNTY

NAME OF AGENCY:

COUNTY COMMISSION DISTRICT

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

CHECK IF THIS IS A FILING BY A CANDIDATE

2018 JUN 18 AM 9:02

MIAMI-DADE COUNTY ELECTIONS DEPARTMENT

PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2017 or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of JUNE 18, 20 18 was \$ 50,000.

PART B -- ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effects (described above) is \$ 80,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
N/A	

PART C -- LIABILITIES

LIABILITIES IN EXCESS OF \$1,000 (See instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
DEPT of Education NAUIEN T 325 GAINES ST TALLAHASSEE, FL 32304	9825
" " " "	8978
" " " "	6425
" " " "	5148

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	

**PART D -- INCOME**

Identify each separate source and amount of income which exceeded \$1,000 during the year, including secondary sources of income. Or attach a complete copy of your 2017 federal income tax return, including all W2s, schedules, and attachments. Please redact any social security or account numbers before attaching your returns, as the law requires these documents be posted to the Commission's website.

I elect to file a copy of my 2017 federal income tax return and all W2's, schedules, and attachments.  
[If you check this box and attach a copy of your 2017 tax return, you need not complete the remainder of Part D.]

**PRIMARY SOURCES OF INCOME (See instructions on page 5):**

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
TARELLA INC.	640 S. McDonough St, Ste 7 Montgomery, AL 36104	60,000, Per Year

**SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:**

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A			

**PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]**

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	Slimport Associates		
ADDRESS OF BUSINESS ENTITY	2555 Ponce de Leon Blvd	MIAMI, FL 33134	
PRINCIPAL BUSINESS ACTIVITY	Consulting		
POSITION HELD WITH ENTITY	Manager/owner		
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	yes		
NATURE OF MY OWNERSHIP INTEREST	owner		

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 ELECTIONS DEPARTMENT

**PART F - TRAINING**

For officers required to complete annual ethics training pursuant to section 112.3142, F.S.

I CERTIFY THAT I HAVE COMPLETED THE REQUIRED TRAINING.

**OATH**

STATE OF FLORIDA  
COUNTY OF Miami-Dade

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

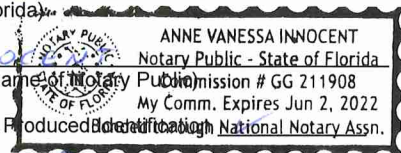
Sworn to (or affirmed) and subscribed before me this 18<sup>th</sup> day of

June, 20 18 by Johnathan Alexander Burke  
Anne Vanessa Innocent  
(Signature of Notary Public--State of Florida)

ANNE VANESSA INNOCENT  
Notary Public - State of Florida  
(Print, Type, or Stamp Commissioned Name of Notary Public) Commission # GG 211908

Personally Known \_\_\_\_\_ OR Produced Identification National Notary Assn.

Type of Identification Produced Florida Driver License



[Signature]  
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

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 6 in accordance with Art. II, Sec. 8, Florida Constitution, Section 112.3144, Florida Statutes, and the instructions to the form. Upon my reasonable knowledge and belief, the disclosure herein is true and correct.

\_\_\_\_\_  
Signature Date

**Preparation of this form by a CPA or attorney does not relieve the filer of the responsibility to sign the form under oath.**

**IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE**

**MIAMI-DADE COUNTY  
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

**OFFICE USE ONLY**

Proof of residency provided:

- Driver's License
- Voter Information Card
- Property Tax Receipt
- Utility Bill
- Homestead Exemption Receipt
- Lease Agreement

**CANDIDATE OATH**

(Section 99.021, Florida Statutes)

I, Johnathan A. Burke

(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 County Commission, District 8  
(Office) (District/Group/Seat #)

I am a qualified elector of Miami-Dade County, Florida; I am qualified under the Constitution and the Laws of Florida and the Home Rule Charter of Miami-Dade County 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 will support the Constitution of the United States and the Constitution of the State of Florida.

I affirm that I am a resident of Miami-Dade County, meet the minimum residency requirements for this office, and submitting proof of my residency in the district for the prescribed period. Under penalties of perjury, I declare that I have read the foregoing Oath of Candidate and that the facts stated in such are true.

Candidate's Florida Voter Registration Number (located on your voter information card): 1148497

**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.]

Jahn-ah-than A BERK

<b>X</b> <u>John A. Burke</u>	<u>(305) 610-0542</u>	<u>johnburke305@gmail.com</u>
Signature of Candidate	Telephone Number	Email Address
<u>9203 SW 215 Terr</u>	<u>MIAMI</u>	<u>FL</u>
Address	City	State
		<u>33189</u>
		ZIP Code

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 18<sup>th</sup> day of June, 2018.

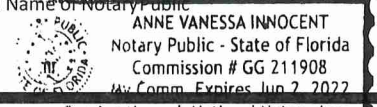
Personally Known: \_\_\_\_\_ or

Produced Identification:

Type of Identification Produced: Florida Driver license

Anne Vanessa Innocent  
Signature of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public



Florida

DRIVER LICENSE



CLASS E



18 DL# [REDACTED]  
1 BURKE  
2 JOHNATHAN ALEXANDER  
3 9203 SW 215TH TER  
4 CUTLER BAY, FL 33189-0000  
5 DOB 10/06/1984 15 SEX M  
6 EXP 10/06/2025 16 HGT 6'-03"  
12 REST NONE 19 END NONE

14 ISS 12/09/2017



*Johnathan Alexander*

Operation of a motor vehicle constitutes consent to any sobriety test required by law.

DONOR

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ELECTIONS DEPARTMENT