

**CANDIDATE OATH
STATE AND LOCAL PARTISAN OFFICE
WITH PARTY AFFILIATION**

2024 JUN 10 PM12:05

OFFICE USE ONLY

Candidate Oath

Name to appear on ballot:

Bobby Burkett

Check box if two last names without hyphen. ☐

(Name cannot be changed after qualifying.)

Check box if name includes nickname. ☒

(For use of a nickname, you must complete the Nickname Affidavit on reverse side.)

I swear or affirm that I am a candidate for the office of

Santa Rosa County Commissioner

1
(District #)

(Circuit #)

(Group or Seat #)

; I am a qualified elector of

Santa Rosa

County, Florida;

I am a qualified elector 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.

Statement of Party

I swear or affirm that I am a member of the

Republican

Party; I have been a registered member of this political

party, for which I am seeking nomination as a candidate, for 365 days before the beginning of qualifying preceding the general election for which I seek to qualify; and I have paid the assessment levied against me, if any, by the executive committee of the above-stated political party.

Statement of Outstanding Fines, Fees, or Penalties

I owe outstanding fines, fees, or penalties, that cumulatively exceed \$250, for ethics or campaign finance violations (s. 99.021(1)(d), F.S.).

YES, I Do ☐

NO, I Do Not ☒

If you do, you must also specify the amount owed and each entity that levied the same on the reverse side.

X

Signature of Candidate

(850) 417-5510

Telephone Number

cjbobby56@yahoo.com

Email Address

5402 Timber Creek Dr.

Pace

FL

32571

Address of Legal Residence

City

State

ZIP Code

STATE OF FLORIDA

COUNTY OF

Santa Rosa

Tamela R McGowin

Signature of Notary Public

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

Sworn to (or affirmed) and subscribed before me by means of

online notarization ☐

OR

physical presence ☒

this 6th day of June, 2024

Personally Known ☒

OR

Produced Identification ☐

Type of Identification Produced:



Phonetic Spelling of Name

Phonetic spelling for the audio ballot (not required for qualifying purposes): Print the 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 3 of this form):

NA

Statement of Outstanding Fines, Fees or Penalties

Pursuant to Section 99.021(1)(d), F.S., each candidate, whether a party candidate, a candidate with no party affiliation, or a write-in candidate, shall, at the time of subscribing to the oath or affirmation, state in writing whether he or she owes any outstanding fines, fees, or penalties that cumulatively exceed \$250 for any violations of s. 8, Art. II of the State Constitution, the Code of Ethics for Public Officers and Employees under part III of chapter 112, any local ethics ordinance governing standards of conduct and disclosure requirements, or chapter 106.

Amount	Entity
<u>NA</u>	<u>NA</u>

Affidavit of Nickname (Only required if using nickname for the ballot.)

My legal name is Robert Bramble Burkett. I am over the age of eighteen (18) and the contents of this affidavit are true and correct.

My nickname is Bobby Burkett. I am generally known by this nickname or have used it as part of my legal name. I have not created the nickname to mislead voters. My nickname does not imply I am some other person, constitute a political slogan or otherwise associate me with a cause or issue, or that is obscene or profane.

Signature of Candidate: Bobby Burkett

STATE OF FLORIDA

COUNTY OF Santa Rosa

Tamela R McGowan

Signature of Notary Public

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

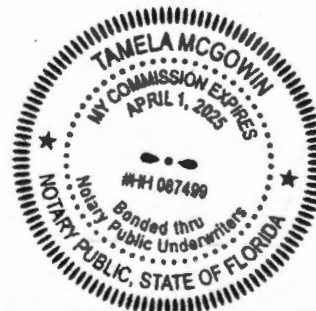
Sworn to (or affirmed) and subscribed before me by means

of online notarization ☐ OR physical presence ☒

this 6th day of June, 2024

Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced: ACED



2023 Form 6 - Full and Public Disclosure of Financial Interests

General Information

Name: Mr Robert Bramble Burkett
Address: 5402 TIMBER CREEK DR, PACE, FL 32571
County: Santa Rosa

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
County Commission	Santa Rosa County Florida Board of County Commissioners	County Commissioner, District 1

Net Worth

My Net Worth as of December 31, 2023 was \$ 285,050.00.

2023 Form 6 - Full and Public Disclosure of Financial Interests**Assets**

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 effect is \$ 78,450.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Personal Residence half ownership	\$ 185,000.00
2 one week timeshare units half ownership	\$ 1,600.00
Retirement Account	\$ 107,750.10
half of joint Cash	\$ 8,231.36
half of joint CDs	\$ 7,650.10

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

2023 Form 6 - Full and Public Disclosure of Financial Interests

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 2023 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 2023 federal income tax return and all W2s, schedules, and attachments.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Social Security	Dept of Treasury	\$ 28,769.80
Santa Rosa County BOCC	6495 Caroline St. Suite B Milton FL 32570	\$ 51,496.04
Division of Retirement	P, O, Box 9000, Tallahassee FL 32315	\$ 11,028.06

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

Interests in Specified Businesses

Business Entity # 1

N/A

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6 and that the facts stated in it are true.

Robert Bramble Burkett

Digitally signed: 06/05/2024

For Qualifying
Purposes Only