

ELIZABETH BURNS - CAMPAIGN

For Pembroke Pines  
18413 NW 12 St  
Pembroke Pines, FL 33029

8188

DATE 1-9-2026 <sup>9-32/720</sup>

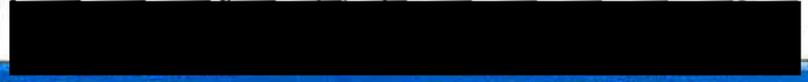
PAY TO THE ORDER OF City of Pembroke Pines \$1326.46

One thousand three hundred twenty six <sup>46/100</sup> DOLLARS  Security Features Included. Details on Back.

**CHASE**  
JPMorgan Chase Bank, N.A.  
www.Chase.com



MEMO fee - qualifying



CITY CLERK'S OFFICE  
CITY OF PEMBROKE PINES

2026 JAN -9 AM 11:59

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

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

(PLEASE PRINT OR TYPE)

CITY CLERK'S OFFICE  
CITY OF PEMBROKE PINES

2026 JAN -9 AM 11:59

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

**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):  
(Please Print or Type Name)

ELIZABETH BURNS

**3. Address** (include PO Box or Street, City, State, Zip Code):

18413 N W 12 STREET  
PEMBROKE PINES, FL 33029

**4. Telephone:**  
(954 ) 292-6848

**5. Candidate's Voter Registration #:**  
\_\_\_\_\_  
(not required for qualifying purposes)

**6. Email Address:**  
VOTEELIZABETHBURNS@GMAIL.COM

**7. Office Sought** (include district, circuit, group, or seat #):  
COMMISSIONER-DISTRICT 4, CITY OF PEMBROKE PINES

**8. If a candidate for a nonpartisan office, check the box if applicable:**  
 I intend to run as a Write-In Candidate.

**9. If a candidate for partisan office, check the box and fill in the name of the party as applicable:** I intend to run as a  
 Write-In Candidate.     No Party Affiliation Candidate.     \_\_\_\_\_ Party candidate.

**10. I have appointed the following person to act as my:**     Campaign Treasurer     Deputy Treasurer

**11. Name of Treasurer or Deputy Treasurer:**  
ELIZABETH BURNS

**12. Telephone:**  
(954 ) 292-6848

**13. Email Address:**  
VOTEELIZABETHBURNS@GMAIL.COM

**14. Mailing Address:**  
18413 N W 12 STREET

**15. City:**  
PEMBROKE PINES

**16. State:**  
FL

**17. Zip Code:**  
33029

**18. I have designated the following bank as my** (check appropriate box):  Primary Depository     Secondary Depository

**19. Name of Bank:**  
Chase Bank

**20. Address:**  
1150 NW 180 Avenue

**21. City:**  
PEMBROKE PINES

**22. County:**  
Broward

**23. State:**  
FL

**24. Zip Code:**  
33029

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

**25. Date:** JANUARY 8, 2026

**26. Signature of Candidate:**  
 *Elizabeth Burns*

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate box)  
I, ELIZABETH BURNS do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.     Deputy Treasurer.

**28. Date:** JANUARY 8, 2026

**29. Signature of Campaign Treasurer or Deputy Treasurer**  
 *Elizabeth Burns*

# STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY  
CITY CLERK'S OFFICE  
CITY OF PEMBROKE PINES

2026 JAN -9 AM 11:59

I, ELIZABETH BURNS ,

candidate for the office of CITY COMMISSIONER-DISTRICT 4, PEMBROKE PINES ;

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

X



Signature of Candidate

JANUARY 7, 2026

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).



2026 JAN -9 AM 11:59

## Candidate Statement of Compliance With City of Pembroke Pines Charter Section 3.04

I, ELIZABETH BURNS, am a candidate for the office of () Mayor or () Commissioner of District 4 in the City of Pembroke Pines, Broward County, Florida (the "City"), in the General Municipal Election scheduled for MARCH 10, 2026. The City Charter, Section 3.04, reads as follows:

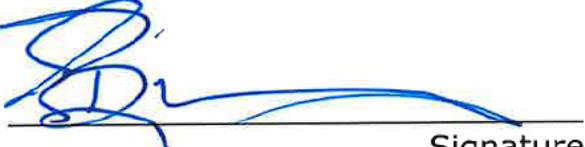
### SECTION 3.04 QUALIFICATIONS, FILING FEES AND OATHS.

(a) A candidate for any elective position in the City government shall designate the office for which he/she has qualified and pay to the City Clerk a filing fee in an amount equal to three (3) percent of the annual salary of the office.

(b) A candidate for the office of Mayor shall file with the City Clerk a written notice of candidacy which shall designate that the candidate is a qualified elector of the City and a resident of the City for at least 180 days immediately and continuously prior to qualifying for office.

(c) Candidates for City Commission districts shall file with the City Clerk a written notice of candidacy, which shall designate in which election district of the City that candidate resides. A candidate for one (1) of the four (4) Commission seats in the City shall be a qualified elector of the City and a resident of the City residing within their designated election district for at least one hundred eighty (180) days immediately and continuously prior to qualifying for elective office.

I am in compliance with all requirements of Chapter 3.04, and in particular, the 180-day durational residency requirement for candidates.

  
Signature

JANUARY 7, 2026

Date

2026 JAN -9 AM 11: 59

**AFFIDAVIT**

STATE OF FLORIDA        )  
  ) ss:  
COUNTY OF BROWARD    )

BEFORE ME, this day personally appeared ELIZABETH BURNS  
who, after being duly sworn by me deposes and says that:

1. I am a candidate for the office of CITY COMMISSIONER, DIST. 4 in  
the City of Pembroke Pines, Broward County, Florida (the "City"), in the General Municipal  
Election scheduled for Tuesday, March 10, 2026.

2. The City Clerk has provided me with a copy of Chapter 3.04 of the City Charter. I  
am in compliance with the requirements of Chapter 3.04, and in particular, the 180-day durational  
residency requirement for candidates.

3. I hereby execute this Affidavit acknowledging and certifying my compliance with  
the Charter and the provisions contained within section 99.021, Florida Statutes, as amended, the  
Affidavit of which I have also executed ("Loyalty Oath / Oath of Candidate", Form DS-DE 24B), as  
required by the State of Florida Election Code.

**FURTHER AFFIANT SAYETH NAUGHT.**

ELIZABETH BURNS

PRINT NAME

[Handwritten Signature] Affiant

ADDRESS: 18413 NW 12 St  
Pembroke Pines, FL 33029  
Pembroke Pines, Florida

STATE OF FLORIDA        )  
  ) ss.  
COUNTY OF BROWARD    )

THE FOREGOING INSTRUMENT was sworn to and subscribed before me this 8<sup>th</sup>  
day of January, 2026, by Elizabeth Burns  
who is known to me or who produced FL Driver License B652-220-50-589-0 as identification.

(STAMP)



[Handwritten Signature]  
NOTARY PUBLIC

2025 JAN -9 AM 11:59

**General Information**

Name: ELIZABETH BURNS

Organization	Suborganization	Title
N/A		

**CANDIDATE FOR**

Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board - Form 1 (Effective 6/10/2024)	Pembroke Pines, Florida	City Commission, District 4, Pembroke Pines

**Disclosure Period**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2025.

**Primary Sources of Income**

PRIMARY SOURCE OF INCOME (Over \$2,500) (Major sources of income to the reporting person)  
(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
SS	12249 Pembroke Rd. P.Pines, FL 33025	Retirement
Unique Creations by Liz	18413 N W 12 Street, P.Pines, FL 33029	Event Planning

## 2025 Form 1 - Statement of Financial Interests

### Secondary Sources of Income

SECONDARY SOURCES OF INCOME (Major customers, clients, and other sources of income to businesses owned by the reporting person) (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
N/A			

### Real Property

REAL PROPERTY (Land, buildings owned by the reporting person)  
(If you have nothing to report, write "none" or "n/a")

Location/Description
N/A

### Intangible Personal Property

INTANGIBLE PERSONAL PROPERTY (Stocks, bonds, certificates of deposit, etc. over \$10,000)  
(If you have nothing to report, write "none" or "n/a")

Type of Intangible	Business Entity to Which the Property Relates
N/A	

2025 Form 1 - Statement of Financial Interests

**Liabilities**

LIABILITIES (Major debts valued over \$10,000):  
(If you have nothing to report, write "none" or "n/a")

Name of Creditor	Address of Creditor
N/A	

**Interests in Specified Businesses**

INTERESTS IN SPECIFIED BUSINESSES (Ownership or positions in certain types of businesses)  
(If you have nothing to report, write "none" or "n/a")

Business Entity # 1
N/A

**Signature of Filer**

***ELIZABETH BURNS***

Digitally signed: 01/08/2026

Broward County

CITY CLERK'S OFFICE  
CITY OF PEMBROKE PINES

Statement of Ethical Campaign Practices

CITY CLERK'S OFFICE  
CITY OF PEMBROKE PINES

The Broward County Ethical Campaign Practices Act shall apply to any candidate for elected public office whose constituency resides, in whole or in part, within Broward County, or when the boundaries of the public office sought are located, in whole or in part, within the County. "Candidate" means any person to whom any one or more of the following applies:

- (1) Any person who seeks to qualify for nomination or election by means of the petitioning process;
- (2) Any person who seeks to qualify for election as a write-in candidate;
- (3) Any person who receives contributions or makes expenditures, with a view to bringing about his or her nomination or election to, or retention in, public office;
- (4) Any person who appoints a treasurer and designates a primary depository; or
- (5) Any person who files qualification papers and subscribes to a candidate's oath as required by law.

A candidate's decision regarding whether to execute the statement is strictly voluntary. A candidate executing the Statement of Ethical Campaign Practices shall file the original and a copy of the executed statement, bearing the candidate's signature, with the officer before whom the candidate qualifies within five (5) days after becoming a candidate for the elected public office.

As a candidate for public office in Broward County, I believe that political issues can be freely debated without appealing to racial, ethnic, religious, sexual, or other prejudices. I recognize that such negative appeals serve only to divide this community and create long-term moral, social, and economic problems. Therefore:

- 1. I shall not make my race, color, religion, gender, national origin, physical disability, or sexual orientation an issue in my campaign.
- 2. I shall not make my opponent's race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation an issue in my campaign.
- 3. I will condemn any appeal to prejudice based on race, color, religion, gender, national origin, age, marital status, familial status, physical disability, or sexual orientation.
- 4. I shall not attack or question my opponent's patriotism.
- 5. I shall not publish, display, or circulate any anonymous campaign literature or political advertisement nor shall I tolerate or permit members of my campaign organization to engage in such activities.
- 6. I shall not tolerate nor permit members of my campaign organization to engage in activities designed to destroy or remove campaign materials or signs lawfully displayed on public or private property.
- 7. I shall not tolerate my supporters engaging in these activities which I condemn nor shall I accept their continued support if they engage in such activities. I will not permit any member of my campaign organization to engage in these activities and will immediately and publicly repudiate the support of any other individual or group which resorts to the methods and tactics that I hereby condemn.
- 8. I shall run a positive campaign emphasizing my qualifications for office and my positions on issues of public concerns and I will limit my attacks on an opponent to legitimate challenges to that person's record, qualifications, and positions.
- 9. I will neither use nor permit the use of malicious untruths or innuendoes about an opponent's personal life, nor will I make or condone unfounded accusations discrediting an opponent's credibility.
- 10. I will not use or permit the use of campaign material that falsifies, distorts, or misrepresents facts.

Executed on this day 8<sup>th</sup> of January, 2026

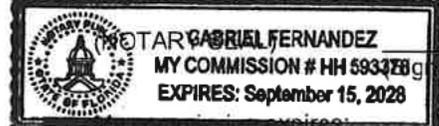
WITNESSES:  
[Signature]  
Marieta Watson

BY CANDIDATE:  
[Signature]  
Signature  
ELIZABETH BURNS  
(Print Name)

STATE OF FLORIDA )  
)SS  
COUNTY OF Broward )

The foregoing instrument was acknowledged before me this 8<sup>th</sup> day of January, 2026, by Elizabeth Burns, who is personally known to me or who has produced FL Driver License B652-220-50-589-0 as identification and who did/did not take an oath.

WITNESS my hand and official seal, this 8<sup>th</sup> day of January, 2026



[Signature]  
Signature of person taking acknowledgment)

Gabriel Fernandez  
(Name of officer taking acknowledgment)  
Typed, printed, or stamped

**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:

CITY CLERK'S OFFICE  
CITY OF PEMBROKE PINES

2026 JAN -9 PM 12: 20

Write-in candidate

OFFICE USE ONLY

**Candidate Oath**

Name to appear on ballot: ELIZABETH "LIZ" BURNS

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 nonpartisan office of COMMISSIONER, 4 (District #)

BROWARD County, Florida  
(Circuit #) (Group or Seat #)

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 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] Telephone Number (954) 292-6848 Email Address Voteelizabethburns@gmail.com  
18413 NW 12 Street PEMBROKE PINES FL 33029  
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA  
COUNTY OF Broward

[Signature]  
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 9<sup>th</sup> day of January, 2026.

Personally Known  OR Produced Identification

Type of Identification Produced: FL Driver License  
B652-220-50-589-0



**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):

**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

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

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

My nickname is LIZ. 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: [Handwritten Signature]

STATE OF FLORIDA  
COUNTY OF Broward

[Handwritten Signature]  
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 9<sup>th</sup> day of January, 2026.

Personally Known  OR Produced Identification

Type of Identification Produced: FL Driver License  
BGS2-220-50-589-0





CITY CLERK'S OFFICE  
CITY OF PEMBROKE PINES

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## LOGIC AND ACCURACY ACKNOWLEDGEMENT

I hereby acknowledge receipt of "Notice of Logic and Accuracy Test", pursuant to F.S. 101.5612.

  
\_\_\_\_\_  
Signature of Candidate

1-9-2026  
Date

  
\_\_\_\_\_  
Signature of Qualifying Officer