

FOR THE OFFICE OF THE GOVERNOR
The Capitol, Tallahassee, Florida 32399-0001

The information from this page has been requested and will be used exclusively by the GOVERNOR'S OFFICE.
Please type or use black ink.

1. Board of Interest: 7th Circuit Judicial Nominating Commission
2. Current Employer and Occupation: Partner, Ross and Burden PA.
3. Are you applying for reappointment: Yes No
4. *Do you have a disability? Yes No If "Yes", please describe your disability that would qualify you for this appointment, if applicable.

5. *Sex: Male Female
6. *Race: White Native-American/Alaskan Native
Hispanic-American Asian/Pacific Islander
African-American
7. Do you now, or have you, within the last three years, been a member of any club or organization that, to your knowledge, in practice or policy, restricts membership or restricted membership during the time that you belonged on the basis of race, religion, national origin, or gender? If so, detail the name and nature of the club(s) or organization(s), relevant policies and practices, and state whether you intend to continue as a member if you appointed by the Governor. No
8. Email Address: burden db @ bellsouth.net
9. Cellular Telephone Number: (386) 451 - 6968

George Donald Edward Burden

George Burden

Applicant's Name, including name commonly used (Please print)

GOVERNOR'S OFFICE

* This information will be used to provide demographic statistics and is not requested for the purpose of discriminating on any basis.

QUESTIONNAIRE FOR GUBERNATORIAL APPOINTMENTS

The information from this questionnaire will be used by the Governor's Office and, where applicable, The Florida Senate in considering action on your confirmation. The questionnaire **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Please type or print in black ink.

3-10-08

Date Completed

1. Name: Mr. Burden, George Donald Edward
MR./MRS./MS. LAST FIRST MIDDLE/MAIDEN

2. Business Address: 628 N. Peninsula Dr., Daytona Beach
STREET OFFICE # CITY
FL 32118 (386) 258-5069
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

3. Residence Address: 1119 Jacaranda Ave., Daytona Beach, Volusia
STREET CITY COUNTY
FL 32118 (386) 258-5339
POST OFFICE BOX STATE ZIP CODE AREA CODE/PHONE NUMBER

Specify the preferred mailing address: Business Residence Fax # (386) 258-0030
(optional)

4. A. List all your places of residence for the last five (5) years.

1119 Jacaranda Ave, Daytona Beach, FL ADDRESS CITY & STATE 10/2003 - Present FROM TO

B. List all your former and current residences outside of Florida that you have maintained at any time during adulthood.

12 Meadow Dr., Little Falls, NJ ADDRESS CITY & STATE 4/1958 - 7/1980 FROM TO

5. Date of Birth: 4-11-1958 Place of Birth: Passaic, NJ

6. Social Security Number: [REDACTED]

7. Driver License Number: B635-304-58-131-0 Issuing State: FL

8. Have you ever used or been known by any other legal name? Yes No If "Yes" Explain

9. Are you a United States citizen? Yes No If "No" explain:

If you are a naturalized citizen, date of naturalization:

10. Since what year have you been a continuous resident of Florida? 1981

11. Are you a registered Florida voter? Yes No If "Yes" list:

A. County of registration: Volusia Co. B. Current Party Affiliation: Republican

12. Education

A. High School: PASSAIC VALLEY H.S., LITTLE FALLS, NJ Year Graduated: 1975
(NAME AND LOCATION)

B. List all postsecondary educational institutions attended:

<small>NAME & LOCATION</small>	<small>DATE ATTENDED</small>	<small>CERTIFICATES/DEGREES RECEIVED</small>
<u>RUTGERS UNIVERSITY, NJ</u>	<u>9-75/5-79</u>	<u>B.A.</u>
<u>OKLAHOMA CITY UNIVERSITY, OKLAHOMA CITY, OK</u>	<u>9/79-12/81</u>	<u>J.D.</u>
<u>RUTGERS UNIVERSITY SCHOOL OF LAW</u>		<u>SUMMER 1980</u>

13. Are you or have you ever been a member of the armed forces of the United States? Yes No If "Yes" list:

A. Dates of service: 5/1979 - 8/1989

B. Branch or component: USAF

C. Date & type of discharge: 8/1989 Honorable

14. Have you ever been arrested, charged, or indicted for violation of any federal, state, county, or municipal law, regulation, or ordinance? (Exclude traffic violations for which a fine or civil penalty of \$150 or less was paid.) If "Yes" give details:

<small>DATE</small>	<small>PLACE</small>	<small>NATURE</small>	<small>DISPOSITION</small>
<u>No</u>			

15. Concerning your current employer and for all of your employment during the last five years, list your employer's name, business address, type of business, occupation or job title, and period(s) of employment.

<small>EMPLOYER'S NAME & ADDRESS</small>	<small>TYPE OF BUSINESS</small>	<small>OCCUPATION/JOB TITLE</small>	<small>PERIOD OF EMPLOYMENT</small>
<u>Ross and Burden, P.A.</u>	<u>Attorney</u>	<u>9/1991 - Present</u>	
<u>628 N. Peninsula Dr., Daytona Beach, FL 32118</u>			
<u>7th Circuit Public Defender</u>			
<u>251 N. Ridgewood Ave., Daytona Beach, FL 32114</u>			

16. Have you ever been employed by any state, district, or local governmental agency in Florida? Yes No If "Yes", identify the position(s), the name(s) of the employing agency, and the period(s) of employment:

<small>POSITION</small>	<small>EMPLOYING AGENCY</small>	<small>PERIOD OF EMPLOYMENT</small>
<u>Assistant Public Defender</u>	<u>7th Circuit PD</u>	<u>9/1989 - Present</u>

17. A. State your experiences and interests or elements of your personal history that qualify you for this appointment.

19 YEARS OF TRIAL EXPERIENCE BEFORE 7th CIRCUIT
JUDGES, INCLUDING CAPITAL MURDER TRIALS AND CIRCUIT
CIVIL TRIALS.

B. Have you received any degrees(s), professional certification(s), or designation(s) related to the subject matter of this appointment? Yes No If "Yes", list:

JURIS DOCTORATE

C. Have you received any awards or recognitions relating to the subject matter of this appointment? Yes No If "Yes", list:

D. Identify all association memberships and association offices held by you that relate to this appointment:

NONE

18. Do you currently hold an office or position (appointive, civil service, or other) with the federal or any foreign government? Yes No If "Yes", list:

19. A. Have you ever been elected or appointed to any public office in this state? Yes No If "Yes", state the office title, date of election or appointment, term of office, and level of government (city, county, district, state, federal):

OFFICE TITLE	DATE OF ELECTION OR APPOINTMENT	TERM OF OFFICE	LEVEL OF GOVERNMENT
<u>D.B. City Commissioner</u>	<u>10/1995</u>	<u>8 years</u>	<u>Municipal</u>
<u>Volusia County Race + Recreation Board</u>	<u>6/2007 - Present</u>		<u>DISTRICT</u>

B. If your service was on an appointed board(s), committee(s), or council(s):

- (1) How frequently were meetings scheduled: QUARTERLY - NO ABSENCES
- (2) If you missed any of the regularly scheduled meetings, state the number of meetings you attended, the number you missed, and the reasons(s) for your absence(s).

MEETINGS ATTENDED	MEETINGS MISSED	REASON FOR ABSENCE

20. Has probable cause ever been found that you were in violation of Part III, Chapter 112, F.S., the Code of Ethics for Public Officers and Employees? Yes No If "Yes", give details:

DATE	NATURE OF VIOLATION	DISPOSITION

21. Have you ever been suspended from any office by the Governor of the State of Florida? Yes No If "Yes", list:

- A. Title of office: _____ C. Reason for suspension: _____
- B. Date of suspension: _____ D. Result: Reinstated Removed Resigned

22. Have you previously been appointed to any office that required confirmation by the Florida Senate? Yes No If "Yes", list:

- A. Title of Office: _____
- B. Term of Appointment: _____
- C. Confirmation results: _____

23. Have you ever been refused a fidelity, surety, performance, or other bond? Yes No If "Yes", explain:

24. Have you held or do you hold an occupational or professional license or certificate in the State of Florida? Yes No If "Yes", provide the title and number, original issue date, and issuing authority. If any disciplinary action (fine, probation, suspension, revocation, disbarment) has ever been taken against you by the issuing authority, state the type and date of the action taken:

LICENSE/CERTIFICATE TITLE & NUMBER	ORIGINAL ISSUE DATE	ISSUING AUTHORITY	DISCIPLINARY ACTION/DATE
<u>LIFE; VARIANNA Annuity E035226</u>	<u>10/24/02</u>	<u>Florida Dept of Insurance</u>	

25. A. Have you, or businesses of which you have been and owner, officer, or employee, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes No If "Yes", explain:

NAME OF BUSINESS	YOUR RELATIONSHIP TO BUSINESS	BUSINESS RELATIONSHIP TO AGENCY

B. Have members of your immediate family (spouse, child, parents(s), siblings(s)), or businesses of which members of your immediate family have been owners, officers, or employees, held any contractual or other direct dealings during the last four (4) years with any state or local governmental agency in Florida, including the office or agency to which you have been appointed or are seeking appointment? Yes No If "Yes", explain:

NAME OF BUSINESS	FAMILY MEMBERS RELATIONSHIP TO YOU	FAMILY MEMBERS RELATIONSHIP TO BUSINESS	BUSINESS RELATIONSHIP TO AGENCY

26. Have you ever been a registered lobbyist or have you lobbied at any level of government at any time during the past five (5) years? Yes No

A. Did you receive any compensation other than reimbursement for expenses? Yes No

B. Name of agency or entity you lobbied and the principal(s) you represented:

AGENCY LOBBIED	PRINCIPAL REPRESENTED

27. List three persons who have known you well within the past five (5) years. Include a current, complete address and telephone number. Exclude your relatives and members of the Florida Senate.

NAME	MAILING ADDRESS	ZIP CODE	AREA CODE/PHONE NUMBER
George Anderson	315 N. ATLANTIC AVE, DAYTONA BEACH	32118	(386) 679-5444
John Graham	1800 W. INTL. SPUR BLVD, DAYTONA BEACH	32114	(386) 290-3666
Glen Ritchey	1131 N. HAWK AVE, DAYTONA BEACH, FL	32118	(386) 295-6320

28. Name any business, professional, occupational, civic, or fraternal organizations(s) of which you are now a member, or of which you have been a member during the past five (5) years, the organization address(es), and date(s) of your membership(s).

NAME	MAILING ADDRESS	OFFICE(S) HELD & TERM	DATE(S) OF MEMBERSHIP
Daytona Beach Rotary	P.O. Box 108, Daytona Beach	32115	

29. Do you know of any reason why you will not be able to attend fully to the duties of the office or position to which you have been or will be appointed? Yes No If "Yes", explain:

30. If required by law or administrative rule, will you file financial disclosure statements? Yes No

CERTIFICATION

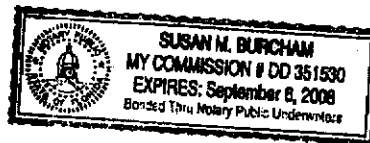
STATE OF FLORIDA, COUNTY OF

Before me, the undersigned Notary Public of Florida, personally appeared George Braden, who, after being duly sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

George Braden
Signature of Applicant-Affiant

Sworn to and subscribed before me
this 10 day of March, 2008

Susan M. Burcham
Signature of Notary Public-State of Florida



(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 9-8-08

Personally Known OR Produced Identification

Type of Identification Produced _____

(seal)