

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

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

(PLEASE PRINT OR TYPE)

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2024 MAY 29 P 2:42

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)

Linda S. Guyas

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

1008 Kingdom Drive, Tallahassee, FL 32311

**4. Telephone:**

(850 ) 296-5335

**5. Candidate's Voter Registration #:**

119713806

(not required for qualifying purposes)

**6. Email Address:**

linda@pineyzcdd.com

**7. Office Sought** (include district, circuit, group, or seat #):

Piney-Z Community Development District Supv., Seat 2

**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:**

**12. Telephone:**

(    )

**13. Email Address:**

**14. Mailing Address:**

**15. City:**

**16. State:**

**17. Zip Code:**

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

**19. Name of Bank:**

I do not intend to raise funds

**20. Address:**

**21. City:**

**22. County:**

**23. State:**

**24. Zip Code:**

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:** May 28, 2024

**26. Signature of Candidate:**

X *Linda S Guyas*

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate box)

I, \_\_\_\_\_ do hereby accept the appointment designated above as:  
(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

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

X

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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SOUTH FLORIDA ELECTIONS  
LEHIGH COUNTY, FLORIDA

2024 MAY 29 P 2:42

I, Linda S. Guyas ,

candidate for the office of Piney-Z Community Development District, Supervisor Seat 2 ;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X Linda S Guyas  
Signature of Candidate

May 18, 2024  
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).

**Mark S. Earley**  
**Supervisor of Elections Leon County, Florida**  
**RECEIPT FOR QUALIFYING FEE**


RECEIVED  
 SUPERVISOR OF ELECTIONS  
 LEON COUNTY, FLORIDA  
 2024 MAY 29 P 2:42

Received this 29th day of May, 2024 from Linda Guyas,  
(Candidate's name)  
 campaign check number 568 in the amount of \$ 25.00, made payable to

the Leon County Supervisor of Elections, the qualifying fee for the office of

Piney-Z CDD Supv, Seat 2.

(Office sought)

  
 SOE Staff Signature

**QUALIFYING FEES**

Office	Qualifying Fee
Constitutional Offices – Non-Partisan (excluding Sheriff)	\$6,399.52
Constitutional Offices – Partisan (excluding Sheriff)	\$9,599.28
Sheriff – Non-	\$7,833.52
Sheriff - Partisan	\$11,750.28
Leon County Judge	\$7,224.64
Leon County Commission	\$3,623.07
Leon County School Board	\$1,763.68
Tallahassee City Commission	\$452.87
Leon Soil & Water Conservation District Supervisor	\$25.00
Capital Region Community Development District (CDD)	\$25.00
Piney-Z Community Development District (CDD)	\$25.00
Canopy Community Development District (CDD)	\$25.00

**\*Note:**

1. The qualifying fees are based on a percentage of the salary as of July 1, 2023, per 99.092(1) F.S.
2. The qualifying fee for a candidate running for a **non-partisan county office** or as a **NPA candidate for partisan office** (excluding CDDs and Special Districts) is 4% of the annual salary of the office (3% filing fee; 1% election assessment fee) per 99.092(1) F.S.
3. The qualifying fee for a candidate running with a party affiliation in a **partisan** race (excluding CDDs and Special Districts) is 6% of the annual salary of the office (2% party assessment; 3% filing fee; 1% election assessment fee) per 99.092(1) F.S.
4. The qualifying fee for **non-partisan city commission office** is 1% of the annual salary per the City of Tallahassee Charter.
5. No fee shall be returned to the candidate unless the candidate withdraws his/her candidacy prior to the end of qualifying per 99.092(1) F.S.

**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

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LEON COUNTY, FLORIDA

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**Candidate Oath**

Name to appear on ballot: Linda Guyas

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 Piney 2 community development District (Office),  (District #)  
Seat 2; I am a qualified elector of LEON 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 Linda Guyas (823) 296 5335 Linda@piney2cdd.com  
Signature of Candidate Telephone Number Email Address  
1008 Kingdom Dr Tallahassee FL 32311  
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA

COUNTY OF Leon

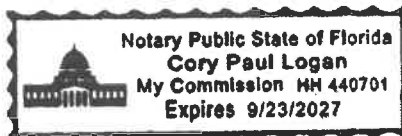
Sworn to (or affirmed) and subscribed before me by means of  
online notarization  OR physical presence

this 29th day of May, 2024,

Personally Known  OR Produced Identification

Type of Identification Produced: FL DL

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



**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):

S H S O P S Y A M P O O S

**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.

<b>Amount</b>	<b>Entity</b>

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

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

My nickname is \_\_\_\_\_ . 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:** \_\_\_\_\_

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

\_\_\_\_\_  
**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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Personally Known  OR Produced Identification

Type of Identification Produced: \_\_\_\_\_

**Ashley Lukis**  
*Chair*  
**Michelle Anchors**  
*Vice Chair*  
**William P. Cervone**  
**Tina Descovich**  
**Freddie Figgers**  
**Luis M. Fusté**  
**Wengay M. Newton, Sr.**  
**Jim Waldman**



**State of Florida**  
**COMMISSION ON ETHICS**  
**P.O. Drawer 15709**  
**Tallahassee, Florida 32317-5709**

**Kerrie J. Stillman**  
*Executive Director*

**Steven J. Zuilkowski**  
*Deputy Executive Director/*  
*General Counsel*

**(850) 488-7864 Phone**  
**(850) 488-3077 (FAX)**  
**www.ethics.state.fl.us**

**325 John Knox Road**  
**Building E, Suite 200**  
**Tallahassee, Florida 32303**

***"A Public Office is a Public Trust"***

**VERIFICATION AND RECEIPT OF SUBMISSION  
 TO THE ELECTRONIC FINANCIAL DISCLOSURE FILING SYSTEM**

This Verification and Receipt of Submission acknowledges that the Commissions on Ethics received a submission through its electronic financial disclosure filing system.

Filer Name: Linda Guyas  
 Filer PID #: 308561

Date Filed: 5/13/2024  
 Disclosure Received: 2023 Statement of Financial Interests  
 Filing ID: 943856

Receipt Print Date: 5/13/2024

The foregoing is a true and accurate depiction of information contained in the electronic financial disclosure filing system held by the Florida Commission on Ethics.

This Verification and Receipt of Submission complies with Sections 112.3144(4) and 112.3145(2)(c), Florida Statutes, and, in accordance with those statutes, it may be presented to any qualifying officer by an incumbent in an elective office or any candidate holding another position subject to an annual filing requirement.

This Verification and Receipt of Submission is not a certification that the form submitted is complete or that the information entered in the form by the filer is true or correct. This Verification and Receipt of Submission is system generated, is created automatically, and its issuance does not indicate that the submission by the filer has been reviewed by Commission staff.

To see the filer's disclosure, visit <https://disclosure.floridaethics.gov/PublicSearch/Filings>. For questions regarding this Verification and Receipt of Submission, please contact the Florida Commission on Ethics at (850) 488-7864.

**RECEIVED**  
**COMMISSION ON ETHICS**  
**2024 MAY 29 P 2:42**

**General Information**

Name: Linda Guyas  
 Address: 1008 KINGDOM DR, TALLAHASSEE, FL 32311 PID 308561  
 County: Leon

**AGENCY INFORMATION**

Organization	Suborganization	Title
Piney Z Community Devlp District	Board of Supervisors	Assistant Secretary

**Disclosure Period**

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2023 .

**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
School Employees Retirement System of Ohio	300 E. Broad Street, Columbus, OH 43215	Pension
Social Security Administration	P O Box 67620, Wilkes-Barre, PA 18767	Social Security
State of Florida	200 E. Gaines St, Tallahassee FL 32399	Earnings

**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
Retirement Fund	Florida Retirement System
Savings Account	Bank of America
Checking Account	Bank of America



**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
Ally	PO Box 380902 Bloomington MN
MidFlorida Credit Union	PO Box 8008 Lakeland FL

**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

**Training**

Based on the office or position you hold, the certification of training required under Section 112.3142, F.S., is not applicable to you for this form year.

**Signature of Filer**

***Linda Guyas***

Digitally signed: **05/13/2024**

Filed with COE: **05/13/2024**