

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

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

(PLEASE PRINT OR TYPE)

**RECEIVED**

2024 MAY 28 P 3:18

SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

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)

Donna Nyack

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

P.O. Box 13087  
Tallahassee, FL 32317

**4. Telephone:**

(850) 597-5940

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

132064646

(not required for qualifying purposes)

**6. Email Address:**

dnyack@outlook.com

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

Tallahassee City Commissioner 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:**

Donna Nyack

**12. Telephone:**

(850) 597-5940

**13. Email Address:**

dnyack@outlook.com

**14. Mailing Address:**

PO Box 13087

**15. City:**

Tallahassee

**16. State:**

FL

**17. Zip Code:**

32317

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

**19. Name of Bank:**

Tallahassee National Bank

**20. Address:**

1300 metropolitan Blvd

**21. City:**

Tallahassee

**22. County:**

Leon

**23. State:**

FL

**24. Zip Code:**

32308

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:**

5/28/2024

**26. Signature of Candidate:**

X Donna Nyack

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

I, Donna Nyack do hereby accept the appointment designated above as:

(Please Print or Type Name)

Campaign Treasurer.

Deputy Treasurer.

**28. Date:**

5/28/2024

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

X Donna Nyack

**STATEMENT OF  
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2024 MAY 28 P 3 19

I, Donna Nyack,  
candidate for the office of Tallahassee City Commissioner Seat 2;  
have been provided access to read and understand the requirements of  
Chapter 106, Florida Statutes.

X Donna Nyack  
Signature of Candidate

5/28/2024  
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

Received this 31<sup>st</sup> day of May, 2024 from Donna Nyack,  
 campaign check number 000500 in the amount of \$ 452.87, made payable to  
(Candidate's name)

2024 MAY 31 P 4:07  
 SUPERVISOR OF ELECTIONS  
 LEON COUNTY, FLORIDA

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

Tallahassee City Commission 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

RECEIVED

2024 MAY 31 P 4: 06

SUPERVISOR OF ELECTIONS OFFICE USE ONLY  
ELECTOR COUNTY FLORIDA

**Candidate Oath**

Name to appear on ballot: DONNA NYACK

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 Tallahassee City Commissioner  
(Office) (District #)

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 X

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

X Donna Nyack (850) 597-5940 dnyack@outlook.com  
Signature of Candidate Telephone Number Email Address

2516 Marston Road Tallahassee FL 32308  
Address of Legal Residence City State ZIP Code

STATE OF FLORIDA  
COUNTY OF LEON

[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 31 day of May, 2024.

Personally Known  OR Produced Identification

Type of Identification Produced: FL DL



**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):

Nigh-YACK (rhyme: kayak)

**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
n/A	

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

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

My nickname is n/A. 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: \_\_\_\_\_

**CITY OF TALLAHASSEE OATH**  
(Section 7-5(a), City of Tallahassee Charter)

**STATE OF FLORIDA**  
**COUNTY OF LEON**  
**CITY OF TALLAHASSEE**

OFFICE USE ONLY  
**RECEIVED**

2024 MAY 31 P 4:06

SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

Before me, an officer authorized to administer oaths and take acknowledgments, personally appeared Donna Nyack, who being first duly sworn says that he or she is a candidate for nomination for the office of (mayor or city commissioner) for the full (unexpired or full) term municipal primary election to be held in the year 2024; that he or she is a resident and qualified elector in the City of Tallahassee; that he or she is duly qualified to hold office under the constitution and laws of the State of Florida, and that he or she has not violated any of the laws of the city or state relating to primary or general elections or the registration of voters therefore.

Donna Nyack

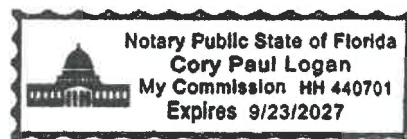
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this 31 day of May, A.D., 2024,  
in the City of Tallahassee, Florida.

[Signature]

NOTARY PUBLIC

Personally Known: \_\_\_\_\_ or  
Produced Identification: FL DL  
Type of Identification Produced:  
\_\_\_\_\_



2023 Form 6 - Full and Public Disclosure of Financial Interests

General Information		
Name:	Mrs Donna Nyack	
Address:	2516 MARSTON RD, TALLAHASSEE, FL 32308	
County:	Leon	
Organization	Suborganization	Title
N/A		
CANDIDATE FOR		
Position	Agency Name	Position sought or held
City, Town or Village (Commission or Council), Governing Board	City of Tallahassee	City Commission, Seat 2

Net Worth
My Net Worth as of <u>December 31, 2023</u> was <u>\$ 353,000.00.</u>

For Quality Only  
Purposes

RECEIVED  
2024 MAY 31 P 4: 01  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

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 \$ 70,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
JP Morgan Chase (bank acct)	\$ 302,000.00

**Liabilities**

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Nelnet - student loan	P.O. Box 82561 Lincoln, NE 68501	\$ 19,000.00

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
Kern Health Systems	2900 Buck Owens Blvd Bakersfield, Ca 93308	\$ 110,977.00

**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**

<b>Business Entity # 1</b>
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.

***Donna Nyack***

Digitally signed: 05/27/2024

For Qualifying  
Purposes Only