

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

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

(PLEASE PRINT OR TYPE)

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

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2026 JUN 10 P 5:21

SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

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)

DONALD M. AXELRAD

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

6457 FITZ LANE
TALLAHASSEE FL 32311

4. Telephone:

(850) 443-4626

5. Candidate's Voter Registration #:

105054463
(not required for qualifying purposes)

6. Email Address:

daxel@comcast.net

7. Office Sought (include district, circuit, group, or seat #):
LEON Soil & WATER CONSERVATION DISTRICT
SUPERVISOR DISTRICT 5

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:

Do NOT intend to raise funds ()

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:

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:

6/10/2026

26. Signature of Candidate:

X *Donald M. Axelrad*

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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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA OFFICE USE ONLY

I, DONALD M. AXELRAP,

candidate for the office of LEON SOIL & WATER CONSERVATION DISTRICT SUPERVISOR SEAT 5
have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

I swear or affirm that I meet, or will meet at the time of election for the office sought or at the time of assuming the office, as applicable, all statutory and constitutional qualifications for the office sought.

OK Axelrap
Signature of Candidate

6/10/2026
Date

STATE OF FLORIDA

COUNTY OF Leon

[Signature]
Signature of Officer Administering Oath
Affix Seal Below or, if judge, provide name, title, and court (s. 92.50, F.S.)

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

online notarization OR physical presence
this 10th day of June, 2026



Personally Known OR Produced Identification Type of Identification Produced: FL Driver License

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).

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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Name to appear on ballot: DONALD M. AXELRAD

- Check box if there are two last names without hyphen. (Name cannot be changed after qualifying.)
 Check box if name includes nickname. (To use nickname, you must complete the Affidavit of Nickname on page 2 of this form.)

I swear or affirm that I am a candidate for the nonpartisan office of LEON COUNTY SOIL & WATER DISTRICT SUPERVISOR DISTRICT 5,
(Office)

5, _____, _____; I am a qualified elector of LEON County, Florida;
(District #) (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.

I swear or affirm, in addition to being a citizen of the United States, that: (Check applicable box.)
 I am not a citizen of another country. I am a citizen of another country, specifically AUSTRALIA.

Statement of Legal Name Change: I have not legally changed my name through a petition pursuant to s. 68.07, F.S., during the 365-day period preceding the beginning of qualifying. (This does not apply to any change of name in proceedings for dissolution of marriage or adoption of children or based on a change of name conducted with a marriage certificate.)

Statement of Outstanding Fines, Fees, or Penalties: (Check applicable box. If you do owe more than \$250, you must also specify the amount owed and each entity that levied the same on page 2 of this form.)
 I do not / I do owe 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. (s. 99.021(1)(d), F.S.)

DM Axelrad (850) 443-4626 daxe@comcast.net
 Signature of Candidate Telephone Number Email Address
6457 FITZ LANE TALLAHASSEE FL 32311
 Address of Legal Residence City State ZIP Code

STATE OF FLORIDA
 COUNTY OF Leon

Carmen Sanchez
 Signature of Officer Administering Oath
 Affix Seal Below or, if judge, provide name, title and court (s. 92.50, F.S.)

Sworn to (or affirmed) and subscribed before me by means of
 online notarization OR physical presence
 this 10th day of June, 2026.



Type of Identification Produced: FL Driver License

**Mark S. Earley
Supervisor of Elections
Leon County, Florida**

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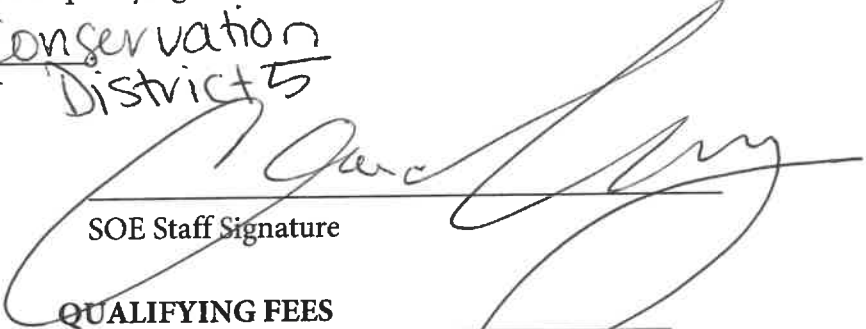
SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

RECEIPT FOR QUALIFYING FEE

Received this 10th day of June, 2026 from Donald M Axelrad
(Candidate's name)
 campaign check number 4094 in the amount of \$ 25, made payable to

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

Leon Soil & Water Conservation
District Supervisor District 5
(Office sought)



 SOE Staff Signature

QUALIFYING FEES

Office	Qualifying Fee
Leon County Judge	\$7,441.35
Leon County Commission	\$3,966.67
Leon County School Board	\$1,926.96
City of Tallahassee Mayor	\$3,966.67
Tallahassee City Commission	\$3,966.67
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 (CDC)	\$25.00
Fallschase Community Development District (CDD)	\$25.00

***Note:**

1. All local offices up for election this year are nonpartisan, which is why there are not multiple qualifying fee options.
2. The qualifying fees are based on a percentage of the salary as of July 1, 2025 per 99.092(1) F.S.
3. 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.
4. 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.

Statement of Candidate for Supervisor of Soil and Water Conservation District

STATE OF FLORIDA
COUNTY OF LEON

I, DONALD M. AXELRAD, a candidate for Supervisor of Soil and Water Conservation District, meet the qualifications pursuant to section 582.19(1), Florida Statutes, to serve on the governing body of the Soil and Water Conservation District.

I am an eligible voter who resides in the district and (select at least one of the following):

- I am actively engaged in, or retired after 10 years of being engaged in, agriculture as defined in s. 570.02, F.S.;
- I am employed by an agricultural producer.
- I own, lease, or am actively employed on land classified as agricultural under s. 193.461, F.S.

DM Axelrad
Signature of Candidate

Address Line 1: 6457 FITZ LANE
Address Line 2: _____
City: TALLAHASSEE
State: FL
Zip Code: 32311

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SUPERVISOR OF ELECTIONS
LEON COUNTY, FLORIDA

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

Online Notarization OR Physical Presence
this 10th day of JUNE, A.D., 2026.

Personally Known OR Produced Identification
Type of Identification Provided FL Driver License

Carmen Sanchez
Signature of Notary Public
Print, type, or stamp name of notary below



2025 Form 1 - Statement of Financial Interests

General Information

Name: Dr Donald M Axelrad

Organization	Suborganization	Title
N/A		

CANDIDATE FOR

Position	Agency Name	Position sought or held
Special District	Leon Soil and Water Conservation District	Leon Soil and Water Conservation District Supervisor

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
Social Security	Washington DC	Federal Government
Florida State Pension	Tallahassee Florida	Florida Government
LPL Financial RMD	407 E 6th Avenue Tallahassee, FL 32303	Investment Planner

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 LEON COUNTY, FLORIDA

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
Mutual Funds	LPL Financial

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 LEON COUNTY, FLORIDA

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

Donald M Axelrad

Digitally signed: 06/10/2026

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LEON COUNTY, FLORIDA