

**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

2026 JUN -8 PM 12:00

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)

Michael Joseph Gomez

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

721 Eagle View Circle  
Tallahassee, FL 32311

**4. Telephone:**

(850) 766-7930

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

104996868

(not required for qualifying purposes)

**6. Email Address:**

mikegomez73@gmail.com

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

Piney Z Community Development District, Seat 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:**

I 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:**

June 8, 2026

**26. Signature of Candidate:**

X Michael Gomez

**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

2026 JUN -8 PM 12:00

OFFICE USE ONLY

I, Michael J. Gomez,

candidate for the office of Piney <sup>Community</sup> Development District, 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.

Michael J. Gomez  
Signature of Candidate

6/8/26  
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 8th day of June, 2026.

Personally Known  OR Produced Identification

Type of Identification Produced: FL DL

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

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2026 JUN -8 PM 12:00

(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

OFFICE USE ONLY

Name to appear on ballot: Mike Gomez

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 Piney 2 Community Development District, Seat 5  
(Office)

Seat 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 \_\_\_\_\_.

**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.)

Michael Gomez (850) 766-7930 mikegomez73@gmail.com  
Signature of Candidate Telephone Number Email Address  
721 Eagle View Circle Tallahassee Florida 32311  
Address of Legal Residence City State ZIP Code

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 8th day of June, 2026.

Type of Identification Produced: FL DL

**Phonetic Spelling of Name**  
(Not required for qualifying)

Print the name phonetically on the line below as you wish your name to be pronounced on the audio ballot that may be used by persons with disabilities (see attached Guide for Phonetic Spelling).

**Detailed Statement of Outstanding Fines, Fees, or Penalties**  
(Continued)

Amount	Entity

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

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

My nickname is Mike Gomez. 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 Leon



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 8<sup>th</sup> day of June, 2026.

Type of Identification Produced: FL DL

Mark S. Earley  
Supervisor of Elections  
Leon County, Florida

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2026 JUN -8 PM 12: 00

RECEIPT FOR QUALIFYING FEE

Received this 8<sup>th</sup> day of June, 2026 from Michael Gomez,  
campaign check number 1261 in the amount of \$ 25.00, made payable to  
the Leon County Supervisor of Elections, the qualifying fee for the office of  
Piney Z Community Development District Seat 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.

2025 Form 1 - Statement of Financial Interests

RECEIVED  
SUPERVISOR OF ELECTIONS  
LEON COUNTY, FLORIDA

2026 JUN -8 PM 12:00 Filed with COE: 06/07/2026

**General Information**

Name: Michael Gomez

PID 50160

**AGENCY INFORMATION**

Organization	Suborganization	Title
Piney Z Community Devlp District	Board of Supervisors	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
Florida Retirement System	Tallahassee, Fl.	Retirement Benefits
Social Security Administration	Tallahassee, Fl.	Retirement Benefits
Campus USA, First Commerce CU	Tallahassee, Fl.	Banking, Investments

**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
Cash, Certificates of Deposit	Campus USA and 1st Commerce Credit Unions
DROP and Deferred Compensation	Nationwide
Prepaid College Plans	Florida Prepaid College Program

**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

**Training**

This section applies only to an appointed school superintendent, an elected municipal officer, elected local officer of an independent special district or a commissioner of a community redevelopment agency created under Part III, Chapter 163, each of whom are required to complete annual ethics training pursuant to Section 112.3142, F.S.

- I certify that I have completed the required training under Section 112.3142, F.S.
- Required training under Section 112.3142, F.S., not applicable to filer for this form year.

**Signature of Filer**

***Michael Gomez***

Digitally signed: 06/07/2026

Filed with COE: 06/07/2026