

2025 Form 6 - Full and Public Disclosure of Financial Interests

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DIVISION OF ELECTIONS
TALLAHASSEE, FL

General Information

Name: Daniel Nokovich

Organization

Suborganization

Title

N/A

CANDIDATE FOR

Position

Agency Name

Position sought or held

Governor

Governor of Florida

Governor of Florida

Net Worth

My Net Worth as of December 31, 2025 was \$ 489,496.52

For Qualifying Purposes Only

2025 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.

The aggregate value of my household goods and personal effect is \$ 300,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
Residence	\$ 93,000.00
Commercial	\$ 27,500.00
1 acker lot	\$ 15,000.00
1/2 acker lot	\$ 15,000.00
Bank Account	\$ 11,632.84
2008 Silverado	\$ 16,000.00
2004 Fork Lift	\$ 2,000.00
2008 Escalade Suburban	\$ 8,000.00
1994 RV	\$ 2,000.00
Flat bed Trailer	\$ 1,400.00
See Attached	

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See Attached	

Liabilities

LIABILITIES IN EXCESS OF \$1,000:

Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo	P.O Box 5169 Sioux Falls SD 57117	\$ 2,036.32
See Attached		

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

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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 2025 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 2025 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
Social Security	1100 West High Rise 6401 Security Blvd. Baltimore, MD 21235	\$ 9,252.00
Lifeworks	6636 Cedar Ave S, Unit 250, Minneapolis, MN 55423	\$ 47,935.00

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

Business Entity # 1
N/A

Liabilities		
LIABILITIES IN EXCESS OF \$1,000:		
Name of Creditor	Address of Creditor	Amount of Liability
Wells Fargo	P.O Box 5169 Sioux Falls SD 57117	\$ 2,036.32
See Attached		
JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:		
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N/A		

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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.

Daniel Nokovich

Digitally signed: 06/03/2026

For Qualifying
Purposes Only



2025 Federal Tax Return Filing
Instructions
FOR THE YEAR ENDING
December 31, 2025

Prepared for	DANIEL H NOKOVICH SIFRA NOKOVICH																
Tax Summary	<table><tr><td>Gross Income.....</td><td>\$55799</td></tr><tr><td>Adjusted Gross Income.....</td><td>\$55799</td></tr><tr><td>Total Deductions.....</td><td>\$33373</td></tr><tr><td>Total Taxable Income.....</td><td>\$22426</td></tr><tr><td>Total Tax.....</td><td>\$0</td></tr><tr><td>Total Payments.....</td><td>\$9532</td></tr><tr><td>Refund Amount.....</td><td>\$9532</td></tr><tr><td>Amount You Owe.....</td><td>\$0</td></tr></table>	Gross Income.....	\$55799	Adjusted Gross Income.....	\$55799	Total Deductions.....	\$33373	Total Taxable Income.....	\$22426	Total Tax.....	\$0	Total Payments.....	\$9532	Refund Amount.....	\$9532	Amount You Owe.....	\$0
Gross Income.....	\$55799																
Adjusted Gross Income.....	\$55799																
Total Deductions.....	\$33373																
Total Taxable Income.....	\$22426																
Total Tax.....	\$0																
Total Payments.....	\$9532																
Refund Amount.....	\$9532																
Amount You Owe.....	\$0																
Make check payable to																	
Mailing Address	Since you are filing your return electronically and you chose to use an electronic signature, you do not mail your return.																

Instructions

If you e-filed your return and it has been accepted, you will get notified via text or email if you opted for that option.

Your tax obligation is exactly met. No additional tax is due.

**WELLS
FARGO**

For Returned Mail Purposes Only
WELLS FARGO BANK, N.A.
MACN9777-112
PO BOX 5169
SIOUX FALLS, SD 57117-5169

Page 1 of 1

Personal Loan Statement

Statement Date	01/08/26
Account Number	[REDACTED]
Date	09/28/26
Interest Rate	8.99%
Per Diem Amount	\$0.50
Payment Due Date	01/28/26
Total Amount Due	\$375.08

On or after 02/07/2026, a late charge of \$39.00 may apply.

DANIEL NOKOVICH
[REDACTED]**Customer Service**

Online Banking
www.wellsfargo.com
Telephone
1-877-269-6056
Español: 1-877-269-0915

Payments

PO Box 77080
Minneapolis, MN 55480-7780

Correspondence*

PO Box 562735
Charlotte, NC 28256-9906

Overnight Mail

1525 West W T Harris Blvd
CIC-2A3
Charlotte, NC 28262-8522

* Please include your account number, name, signature, and details regarding your request. Do not send payment(s) to this address.

Hand Delivered**Payment Information**

Payment Due Date	01/28/26
Principal Payment	\$359.53
Interest Payment	\$15.55
Total Amount Due	\$375.08

Since the last statement, a late charge, other charges and fees, or some combination of them, were incurred in the amount of \$0.00

Payment Transactions Year to Date

Total Payments Received	\$0.00
Principal	\$0.00
Interest	\$0.00
No transactions within the current year.	

Balance Summary

Interest Accrued	\$6.02
Principal Balance	\$2,036.32

Activity Detail

Effective Date	Description	Transaction Amount	Principal Balance
	Prior Principal Balance		\$2,393.72
12/28/25	INTEREST PAYMENT	\$17.68	
12/28/25	PRINCIPAL PAYMENT	\$357.40	

01/08/26 Ending Principal Balance **\$2,036.32***

*This is the principal balance only, (and does not include interest or fees). For the payoff amount, please call Customer Service.

Total of Payments Received Since the Last Statement: **\$375.08**

This is a simple interest loan where interest is calculated daily on the outstanding balance. Normally, a portion of each payment made will be applied to interest and a portion to principal. Because interest accrues daily, the amount of each portion will vary based on the timing of your payments received. Consistently making a regular monthly payment by the payment date may result in less interest paid over the life of the loan. If this statement shows an Interest Accrued amount, it displays interest accrued from the last payment until the date the statement produced, plus any previously unpaid interest, if applicable. If you have any questions about the accrued unpaid interest, please contact Customer Service.

Thank you for choosing Wells Fargo.

Detach and return bottom remittance portion with your payment in the enclosed envelope. Please write in black or blue ink.

▼ Please do not send cash ▼

**WELLS
FARGO**

For Returned Mail Purposes Only
WELLS FARGO BANK, N.A.
MACN9777-112

*Your account is on Autopay.
Your automatic payment of \$375.08 will be
withdrawn from your account on 01/28/26. This

Payment Due Date

01/28/26

**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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COPY

DIVISION OF ELECTIONS
TALLAHASSEE, FL

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)

DANIEL NOKOVICH

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

P.O. BOX 10736
PENSACOLA FL 32524

4. Telephone:

(850) 704-7074

5. Candidate's Voter Registration #:

104052254

(not required for qualifying purposes)

6. Email Address:

TAYLORMADEFORHIM@GMAIL.COM

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

GOVERNOR

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. ☐ REPUBLICAN Party candidate.

10. I have appointed the following person to act as my: ☒ Campaign Treasurer ☐ Deputy Treasurer

11. Name of Treasurer or Deputy Treasurer:

Ruth Lee

12. Telephone:

(651) 303-6684

13. Email Address:

sevensenough@gmail.com

14. Mailing Address:

8623 Bobcat Lane

15. City:

Lakeland

16. State:

FL

17. Zip Code:

33810

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

19. Name of Bank:

WELLS FARGO

20. Address:

235 E. NINE MILE RD. SUITE 2

21. City:

PENSACOLA

22. County:

ESCAMBIA

23. State:

FL

24. Zip Code:

32534

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:

03/30/2026

26. Signature of Candidate:



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

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

☒ Campaign Treasurer.

☐ Deputy Treasurer.

28. Date:

3/30/26

29. Signature of Campaign Treasurer or Deputy Treasurer



COPY

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

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

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(Please Print or Type Name)

DANIEL NOKOVICH

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P.O. Box 10736
PENSACOLA FL 32524

4. Telephone:

(850) 704-7074

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(not required for qualifying purposes)

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11. Name of Treasurer or Deputy Treasurer:

DANIEL NOKOVICH

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25. Date:

3/30/2026

26. Signature of Candidate:

X [Signature]

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

I, DANIEL NOKOVICH
(Please Print or Type Name)

do hereby accept the appointment designated above as:

☐ Campaign Treasurer.☒ Deputy Treasurer.

28. Date:

3/30/2026

29. Signature of Campaign Treasurer or Deputy Treasurer

X [Signature]