

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

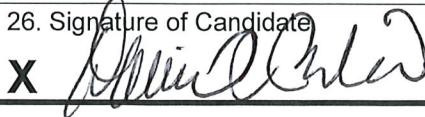
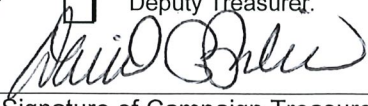
CITY CLERK

1 MAR'22 AM 9:17:39

CITY OF NORTH PORT

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

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES): <input checked="" type="checkbox"/> Initial Filing of Form Re-filing to Change: <input type="checkbox"/> Treasurer/Deputy <input type="checkbox"/> Depository <input type="checkbox"/> Office <input type="checkbox"/> Party					
2. Name of Candidate (in this order: First, Middle, Last) DAVID Peter PANKIw			3. Address (include post office box or street, city, state, zip code) 13802 Comgoleone Street Venice, FL 34293		
4. Telephone (941) 218-0830		5. E-mail address david.pankiw@ cubicadvisors.com			
6. Office sought (include district, circuit, group number) District 5 Commissioner			7. If a candidate for a <u>nonpartisan</u> office, check if applicable: <input type="checkbox"/> My intent is to run as a Write-In candidate.		
8. If a candidate for a <u>partisan</u> office, check block and fill in name of party as applicable: My intent is to run as a <input type="checkbox"/> Write-In <input type="checkbox"/> No Party Affiliation <input type="checkbox"/> _____ Party candidate.					
9. I have appointed the following person to act as my <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer					
10. Name of Treasurer or Deputy Treasurer DAVID PANKIw					
11. Mailing Address 13802 Comgoleone Street				12. Telephone (919) 360-1409	
13. City Venice		14. County Sarasota	15. State FL	16. Zip Code 34293	17. E-mail address dpank@comcast.net
18. I have designated the following bank as my <input checked="" type="checkbox"/> Primary Depository <input type="checkbox"/> Secondary Depository					
19. Name of Bank Acheiva Bank			20. Address 2469 Sycomore Street		
21. City North Port		22. County Sarasota		23. State FL	24. Zip Code 34289
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.					
25. Date 03/01/2022			26. Signature of Candidate <input checked="" type="checkbox"/> 		
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)					
I, <u>DAVID P. PANKIw</u> , do hereby accept the appointment (Please Print or Type Name)					
designated above as: <input checked="" type="checkbox"/> Campaign Treasurer <input type="checkbox"/> Deputy Treasurer.					
<u>03/01/2022</u> Date			<input checked="" type="checkbox"/>  Signature of Campaign Treasurer or Deputy Treasurer		

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

OFFICE USE ONLY

CITY CLERK

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CITY OF NORTH PORT

I, DAVID P. BANKI,

candidate for the office of Commissioner District 5;

have been provided access to read and understand the requirements of

Chapter 106, Florida Statutes.

X 
Signature of Candidate

03/01/2022
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).