CAMPAIGN TREASURER'S REPORT SUMMARY		
(1) DAULD P. BANKIW	OFFICE USE ONLY	
Name (2) 13602 Compoleone Street	6 APR'22PM1:43:40	
Address (number and street) Venice FL 34393 City, State, Zip Code	CITY OF NORTH PORT	
Check here if address has changed	(3) ID Number: 999	
(4) Objects assume mints have (20)	Check here if PC or ECO has disbanded Check here if PTY has disbanded Check here if no other IE or EC reports will be filed	
(5) Repor	t Identifiers	
Cover Period: From 03 / 01 / 2022 To	03 / 31 / 2022 Report Type: 2023 173	
Original	pecial Election Report	
(6) Contributions This Report	(7) Expenditures This Report	
Cash & Checks \$, , <u>575</u> . <u>00</u>	Monetary Expenditures \$, , , 9 . 99	
Loans \$, ,	Transfers to Office Account \$, ,	
Total Monetary \$, ,	Total Monetary \$, ,	
In-Kind \$, ,	(0) Other Distributions	
	(8) Other Distributions \$, ,	
(9) TOTAL Monetary Contributions To Date \$,, <u>575</u> oo	(10) TOTAL Monetary Expenditures To Date \$,,,	
	rtification son to falsify a public record (ss. 839.13, F.S.)	
I certify that I have examined this report and it is true, co		
(Type name) DAVID P. GANLIW ☐ Individual (only for IE ☐ Treasurer ☐ Deputy Treasurer or elections represented by the control of the contro	(Type name) DAUD P BYNICIU Chairperson (only for PC and PTY)	
x Mui Ocales Signature	x Julia Signature	

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS M1:43:48

(1) Name DAVID P. BANKIW (2) I.D. Number 999

(3) Cover Period 3 1 01 1 2022 through 03 1 31 1 2022 (4) Page of

Date Full Name (6) Sequence Number City, State, Zip Code Type Contributor Type Contribution Type Description Amendment Amen	
Sequence Street Address & Contributor Contribution In-kind Number City, State, Zip Code Type Occupation Type Description Amendment Amendment	
03,01 good DAVID POHNICIONEST C INVESTMENT	00
13202 (30) 100 100 100 100 100 100 100 100 100 1	
1 De Calaba / Decisor / Ht	i
1 1 VENICE FL 34013	
63 39 22 DAWN Frind &N	
63, 29 222 DAWN Trand SIN CHE 1463 Dixie LANE I	5
03, 29 2020 DAWN Frond &N i463 Dixie LANGE I North Out FL 4289	

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES



CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name ______ (2) I.D. Number _____ (2) (3) Cover Period 0 3 1 01 1 2422 through 0 3 1 31 12622 (4) Page _ (11) (9) (10)(7) (8) (5) Date **Purpose Full Name** (add office sought if (Last, Suffix, First, Middle) (6) Expenditure contribution to a Street Address & Sequence Type Amount candidate) Amendment City, State, Zip Code Number Emmil sotup Constant Contact