

**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 qualifying  
officer before opening the campaign account.**

CITY CLERK

9 MAY'22 PM 12:44:00

CITY OF NORTH PORT

CITY CLERK

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)

DAVID PANKIW

**3. Address** (include post office box or street, city, state, zip code)

13802 CAMPOLEONE ST  
VENICE, FL 34293

**4. Telephone**

(13894) 218-0830

**5. E-mail address**

DAVIDPONKIW@CUBICAD

**6. Office sought** (include district, circuit, group number)

DISTRICT 5 COMMISSIONER

**7. If a candidate for a nonpartisan office, check if applicable:**

My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a

Write-In     No Party Affiliation     \_\_\_\_\_ Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**

Eric Robinson

**11. Mailing Address**

133 HARBOR DR S

**12. Telephone**

( 941 ) 488-7794

**13. City**

VENICE

**14. County**

SARASOTA

**15. State**

FL

**16. Zip Code**

34285

**17. E-mail address**

eric@robinsongruters.com

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**

SUNTRUST BANK

**20. Address**

1670 S. VENICE BYPASS

**21. City**

VENICE

**22. County**

SARASOTA

**23. State**

FL

**24. Zip Code**

34293

**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**

5/5/2022

**26. Signature of Candidate**

X

*[Handwritten Signature]*

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

I, Eric Robinson, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

May 5, 2022  
Date

X

*[Handwritten Signature]*

Signature of Campaign Treasurer or Deputy Treasurer

### CAMPAIGN TREASURER'S REPORT SUMMARY

(1) PANKIW, DAVID  
Name

(2) 133 HARBOR DR S  
Address (number and street)

VENICE, FL 34285  
City, State, Zip Code

**OFFICE USE ONLY**

CITY CLERK

9 MAY'22 PM 12:44:09

Check here if address has changed

(3) ID Number: 00000

(4) Check appropriate box(es):

- Candidate Office Sought: North Port City Commission District 5
- Political Committee (PC)  Check here if PC or ECO has disbanded
- Electioneering Communications Org. (ECO)  Check here if PTY has disbanded
- Party Executive Committee (PTY)  Check here if no other IE or EC reports will be filed
- Independent Expenditure (IE) (also covers an individual making electioneering communications)

**(5) Report Identifiers**

Cover Period: From 04 / 01 / 22 To 04 / 30 / 22 Report Type: M4

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$        ,   1   ,   425   .   00  

Loans \$        ,        ,        .       

Total Money \$        ,   1   ,   425   .   00  

In-Kind \$        ,        ,        .       

**(7) Expenditures This Report**

Monetary Expenditures \$        ,        ,   337   .   48  

Transfers to Office Account \$        ,        ,        .       

Total Monetary \$        ,        ,   337   .   48  

**(8) Other Distributions**

\$        ,        ,        .       

**(9) TOTAL Monetary Contributions To Date**

\$        ,   2   ,   000   .   00  

**(10) TOTAL Monetary Expenditures To Date**

\$        ,        ,   337   .   48  

**(11) Certification**

It is a first degree misdemeanor for any person to falsify a public record (ss.839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type Name) ERIC ROBINSON

Individual (only for IE or electioneering comm.)  Treasurer  Deputy Treasurer

X   
Signature

(Type Name) DAVID PANKIW

Candidate  Chairperson (only for PC & PTY)

X   
Signature

**CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1)

Name PANKIW, DAVID(2) I.D. Number 00000(3) Cover Period 04 / 01 / 22 through 04 / 30 / 22 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
04 / 14 / 22	Angley, Theresa 601 Palamino Cir Nokomis, FL 34275	I	RETIRED	CHE			100.00
Unfiled 1							
04 / 14 / 22	Brill, John 550 Bowsprit Ln Longboat Key, FL 34228	I	EXECUTIVE	CHE			50.00
Unfiled 2							
04 / 14 / 22	FRANSEN, DAWN 1463 Dixie Ln North Port, FL 34289	I	REAL ESTATE	CHE			75.00
Unfiled 3							
04 / 14 / 22	Langdon, Barbara 4086 Billingham Ln North Port, FL 34288	I	VICE MAYOR	CHE			100.00
Unfiled 4							
04 / 14 / 22	MARINELLI, ROBYN 2616 Mapleloft Rd Sarasota, FL 34232	I	RETIRED	CHE			50.00
Unfiled 5							
04 / 14 / 22	Tower, Lydia 5662 Rutherford Ct North Port, FL 34287	I	RETIRED	CHE			50.00
Unfiled 6							
04 / 14 / 22	WELLEN PARK LLLP 19503 S West Villages Pkwy Venice, FL 34293	B	LAND DEVELOPER	CHE			1,000.00
Unfiled 7							
/ /							

DS-DE 13 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1)

Name PANKIW, DAVID

(2) I.D. Number 00000

(3) Cover Period 04 / 01 / 22 through 04 / 30 / 22

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
04 / 12 / 22	CONSTANT CONTACT 1601 Trapeto Rd Walham, MA 02451	EMAIL MARKETING	MON		9.99
Unfiled 1					
04 / 12 / 22	CONSTANT CONTACT 1601 Trapeto Rd Walham, MA 02451	SOCIAL MEDIA AND MARKETING	MON		9.99
Unfiled 2					
04 / 12 / 22	OLDE WORLD RESTAURANT 14415 Tamiami Trl North Port, FL 34287	FUNDRAISING EXPENSE	MON		317.50
Unfiled 3					
/ /					
/ /					
/ /					
/ /					
/ /					

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES