(tip

CAMPAIGN TREASURER'S REPORT SUMMARY					
(1) <u>PANKIW, DAVID</u> Name	OFFICE USE ONLY CITY CLERK				
(2) <u>133 HARBOR DR S</u> Address (number and street)	24 JUN'22AM10:55:5 CITY OF NORTH PORT				
VENICE, FL 34285 City, State, Zip Code					
Check here if address has changed	(3) ID Number: <u>00000</u>				
(4) Check appropriate box(es):					
Candidate Office Sought: <u>North Port</u>	City Commission District 5				
<ul> <li>Political Committee (PC)</li> <li>Electioneering Communications Org. (ECO)</li> <li>Party Executive Committee (PTY)</li> <li>Independent Expenditure (IE) (also covers and the second secon</li></ul>	<ul> <li>□ Check here if PC or ECO has disbanded</li> <li>□ Check here if PTY has disbanded</li> <li>□ Check here if no other IE or EC reports will be filed</li> </ul>				
individual making electionerring communications					
	eport Identifiers				
	To <u>06 / 17 / 22</u> Report Type: <u>P1</u>				
Original Amendment	Special Election Report				
(6) Contributions This Report	(7) Expenditures This Report Monetary Expenditures \$ , , , 348 . 00				
Loans \$ , ,	Transfers to           OfficeAccount         \$				
Total Money         \$	Monotary + / /				
	(8) Other Distributions				
	\$ / / ·				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$ ,2 ,000 . 00	\$ , , <u>695</u> . <u>47</u>				
(11 It is a first degree misdemeanor for an	) Certification y person to falsify a public record (ss.839.13, F.S.)				
I certify that I have examined this report and it is true	e, correct, and complete:				
(Type Name) Eric Robinson	(Type Name) David Pankiw				
Individual (only for IE or electioneering comm.)	surer Candidate Chairperson (only for PC & PTY)				
Signature	Signature				

DS-DE 12 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS

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webElectV3

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

(2) I.D. Number 00000

(1) Name PANKIW, DAVID (3) Cover Period <u>06</u> / <u>01</u> / <u>22</u> through <u>06</u> / <u>17</u> / <u>22</u> (4) Page <u>1</u> of <u>1</u>

(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle) Street Address &	(8) Purpose (add office sought if contribution to a	(9) Expenditure	(10)	(11)
Sequence Number	City, State, Zip Code	candidate)	Туре	Amendment	Amount
06 / 14 / 22 Unfiled 1	CITY OF NORTH PORT 13640 Tamiami Trl North Port, FL 34287	QUALIFYING FEE	MON		348.00
1 1					
1 1					
1 1					
1 1					
1 1					
1 1					
1 1					

DS-DE 14 (Rev. 11/13)

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CITY OF NORTH PORT

24 JUN'229#10:56:11

**CITY CLERK**