

CANDIDATE CAMPAIGN FILE COVER SHEET

URIGINAL	2		_KEVISED		
Candidate Name	CAROLE PANKAU				
Residence Address	10605 AVILA CIRCLE				
City and Zip Code	FT MYERS 33913				
	Check if same as above.	Chec	k if different from residence.		
Mailing Address					
Telephone Number(s)	■Daytime (list below)	OB	Alternate (list below)		
relephone Number(s)	630-918-8587	OR	630-918-8622		
Campaign Email Address	CAROLEFORCDD@GMAIL.COM				
Campaign Website	CAROLE FORCDD. COM				
Office Sought	Gateway Services Community Development District				
Area, District, Group or Seat #	Board Of Supervisors Seat 4				
→ Judicial, School Board, Supervisor of Elections, and Special District Offices such as Community Development, Fire, Health System, Library and Mosquito Control are non-partisan offices. A candidate for any of these offices, must indicate "non-partisan" on the line below.					
→ A candidate for a Constitutional Office or Co indicate a political party affiliation or "No Pa	ounty Commission may file partisan or arty Affiliation" on the line below.	r "No P	arty Affiliation" (NPA) and shall		
→ Political Party for Office Sought	non-partisan				
Incumbent	□Yes		■No		
Date of Birth or Voter Registration ID #	August 13, 1947				
Candidate Signature & Date	Carole Pankau		5-31-2022		

The Lee County Supervisor of Elections posts all candidate-qualifying documents and campaign finance reports on its website www.lee.vote/Candidates/Candidate-Online-Packets. Under Florida Law, a candidate's campaign-contact information, such as address, telephone number, and email address are available to the public. If you have questions or need more information about becoming a candidate for public office, please call (239) LEE-VOTE (239-533-8683) and ask for the Qualifying Department.

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 officer before opening the		lifying					OFFICE	USE	ONLY
1. CHECK APPROPRIATE BOX(ES):									
✓ Initial Filing of Form	Re-filing to Change:	☐ Tre	asurer/l	Deputy [Deposito	ry 🔲	Office		Party
2. Name of Candidate (in the	nis order: First, Middle, La	ast)	1	•	de post offic	e box or s	treet, city,	state, z	ip
Carole Pankad			100000000000000000000000000000000000000	5 Avila Ci					
The state of the s	5. E-mail address		1	ers FL 33	3913				
(630) 918-8587	caroletor CDD@GN	ALL. COL	1						
6. Office sought (include di		the second second second			didate for a	nonparti	san office	, check	c if
Gateway Services Com		District		applica		o to run oo	o Write L	o condi	data
Board of Supervisors Se	eal 4 				My intent i	s to run as	s a vvnte-n	n candi	Jale.
8. If a candidate for a parti	<u>san</u> office, check block	and fill ir	n name	of party as	applicable	: My inte	ent is to rur	n as a	1
Write-In No P	arty Affiliation					Pai	rty cand	didate.	
9. I have appointed the following	lowing person to act as	my [₹ Car	npaign Trea	asurer	Deput	y Treasure	er	
10. Name of Treasurer or De	eputy Treasurer								
Michael Anderson									
11. Mailing Address						12. Telep	hone		
10609 Avila Circle						(765)	860-49	58	
13. City	14. County	15. State	16	. Zip Code	17. E-mai	l address	_		
Ft Myers	Lee	FL	339	913	carol	etor	BDQ)	AMD (11.00
18. I have designated the following bank as my Primary Depository Secondary Depository									
19. Name of Bank	\cap	2	20. Addı			.+			
Bank of	HMERICA		86		DANI	IR			
21. City	22. County			23. State	1		24. Zip C	ode	
tor! Myer	5 Lee			-	<u></u>		<u>339</u>	60	
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		2	26. Sign	ature of Ca	ndidate	0			
5-31-2022 x Carole Yankan									
27. Treasure	r's Acceptance of Appo	intment (fill in the	e blanks and	d check the	appropriate	e block)		
1. Michael	Anderson (Please Print or Type N	Vame)			, do her	eby accep	t the appo	intment	
designated above as:	Campaign T		П	Deputy Tr	easurer.				
5/31/202	2	X		Ju,	Mar	1			
Date			Signatur	e of Campa	ign Treasure	er or Depu	ty Treasur	er	

OFFICE USE ONLY

STATEMENT OF **CANDIDATE**

(Section 106.023, F.S.)

(Please print or type)

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candidate for the office of Board of Supervisors Seat 4 Gateway Services Community Development District

have been provided access to read and understand the requirements of Chapter 106, Florida Statutes.

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).

FORM 1 2021 STATEMENT OF FINANCIAL INTERESTS Please print or type your name, mailing FOR OFFICE USE ONLY: address, agency name, and position below: LAST NAME -- FIRST NAME -- MIDDLE NAME : PANKAU CAROLE ANN MAILING ADDRESS : 10605 AVILA CIRCLE CITY: ZIP: COUNTY . FT MYERS 33913 LEE NAME OF AGENCY: Gateway Services Community Development District NAME OF OFFICE OR POSITION HELD OR SOUGHT: Board of Supervisors Seat 4 CHECK ONLY IF CANDIDATE OR □ NEW EMPLOYEE OR APPOINTEE **** THIS SECTION MUST BE COMPLETED **** **DISCLOSURE PERIOD:** THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR CALENDAR YEAR ENDING DECEMBER 31, 2021. **MANNER OF CALCULATING REPORTABLE INTERESTS:** FILERS HAVE THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). CHECK THE ONE YOU ARE USING (must check one): **COMPARATIVE (PERCENTAGE) THRESHOLDS DOLLAR VALUE THRESHOLDS** PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a") NAME OF SOURCE SOURCE'S DESCRIPTION OF THE SOURCE'S OF INCOME **ADDRESS** PRINCIPAL BUSINESS ACTIVITY Ill Municipal retirement Fund 2211 York Rd #400 Oak Brook IL Retirement General Assembly Retirement 2101 S Veterans Pkw Springfield IL Retirement Social Security 6401 Security Blvd Baltimore MD Retirement Continued on Exhibit "A" PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
NONE			
,			

PART C	- REAL PROPERTY	[Land, buildings owned by the reporting person - See instructions]
		g to report, write "none" or "n/a")
NONE		

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

PART D — INTANGIBLE PERSONAL PROPERTY [Sto (If you have nothing to report, write "non TYPE OF INTANGIBLE	e" or "n/a")		VHICH THE PROPERTY RELATES
See exhibit "B"		DOGINEOS ENTITT TO V	WHOT THE PROPERTY RELATES
PART E — LIABILITIES [Major debts - See instructions			
(If you have nothing to report, write "non	e" or "n/a")		
NAME OF CREDITOR		ADDRES	SS OF CREDITOR
NONE			
PART F — INTERESTS IN SPECIFIED BUSINESSES [(If you have nothing to report, write "none"	' or "n/a")	ns in certain types of bus	inesses - See instructions] BUSINESS ENTITY # 2
NAME OF BUSINESS ENTITY	NONE		20011200 211111 11 2
ADDRESS OF BUSINESS ENTITY		20	
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			
PART G — TRAINING For elected municipal officers, agency created under Part III, Chapter 163 required to compare the compared to the compared	appointed school sup complete annual ethics	erintendents, and commi training pursuant to section	ssioners of a community redevelopment on 112.3142, F.S.
☐ I CERTIFY THAT I	HAVE COMPL	ETED THE REQ	JIRED TRAINING.
IF ANY OF PARTS A THROUGH G ARE	CONTINUED ON	A SEPARATE SHE	ET, PLEASE CHECK HERE
SIGNATURE OF FILE Signature: Cause Pankau	<u>R:</u>	If a certified public according good standing with the she must complete the I, Form 1 in accordance winstructions to the form.	, prepared the CE vith Section 112.3145, Florida Statutes, and the Upon my reasonable knowledge and belief, the
Date Signed:		disclosure herein is true	and correct.
5-3 -2022	_	CPA/Attorney Signature Date Signed:	·
FILING INSTRUCTIONS:			
If you were mailed the form by the Commission on Et	hics or a County C	andidates file this form	together with their filing name
_ , and the second of the continuous of the	moo or a country or	andidates life tills 101111	together with their hillio babers.

Supervisor of Elections for your annual disclosure filing, return the form to that location. To determine what category your position falls under, see page 3 of instructions.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) Form 1 filers who file with the Supervisor of Elections may file by mail or email. Contact your Supervisor of Elections for the mailing address or email address to use. Do not email your form to the Commission on Ethics, it will be returned

State officers or specified state employees who file with the Commission on Ethics may file by mail or email. To file by mail, send the completed form to P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Rd, Bldg E, Ste 200, Tallahassee, FL 32303. To file with the Commission by email, scan your completed form and any attachments as a pdf (do not use any other format), send it to CEForm1@leg.state.fl.us and retain a copy for your records. Do not file by both mail and email. Choose only one filing method. Form 6s will not be accepted via email.

MULTIPLE FILING UNNECESSARY: A candidate who files a Form 1 with a qualifying officer is not required to file with the Commission or Supervisor of Elections.

WHEN TO FILE: Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates must file at the same time they file their qualifying papers.

Thereafter, file by July 1 following each calendar year in which they hold their positions.

Finally, file a final disclosure form (Form 1F) within 60 days of leaving office or employment. Filing a CE Form 1F (Final Statement of Financial Interests) does not relieve the filer of filing a CE Form 1 if the filer was in his or her position on December 31, 2021.

PART A

EXHIBIT "A"

Name of source of Income Source address Sources Business Activity

IRA Distribution 127 N Walnut #100 Retirement

Thurston Springer Itasca IL

Sale of Property to Don Roeske Retired

my brother co-owner 502 South 250 West

Valparaiso IN

PART D

EXHIBIT "B"

TYPE OF INTANGIBLE BUSINESS ENTITY TO WHICH THE

PROPERTY RELATES

IRA ACCOUNT Thurston Springer Advisors

CHECKING ACCOUNT Itasca Bank & Trust Co

CHECKING ACCOUNT JPMorgan Chase Bank NA

CANDIDATE OATH NONPARTISAN OFFICE

(Do not use this form if a Judicial or School Board Candidate)

*22MAY31AM 9 52 SOE LEE CO F1

Check box <i>only</i> if you are seeking	,				
write-in candidate:	to quality as a				
Write-in candidate			OFFICE USE ONLY		
		4 - O - 4 -	OTTIOL GOL ONLY		
	(Section 99.021(1)(ate Oath			
, Carole Panka		ay, Horida diatatesy			
		f your last name consists of two or more	namos but has no		
hyphen, check box [] (see page 2 -	Compound Last Na	mes). No change can be made after the allot, the name must be printed above for o	e end of qualifying.		
am a candidate for the nonpartisan office of	of Board of Supervisors G	Sateway Services Community Development District			
		(Office)	(District #)		
(Circuit #), Seat 4; I am (Group or Seat #)	a qualified elector of	Lee	County, Florida;		
I am qualified under the Constitution and			ominated or elected: I		
have qualified for no other public office in					
I seek; and I have resigned from any office					
and I will support the Constitution of the Ur			o 12, 1 ionida otatatoo,		
The state of Figure 1 and State of the state of the state of Figure 1.					
Candidate's Florida Voter Registration Number (located on your voter information card): 126641623					
Phonetic spelling for audio ballot: Print name phonetically on the line below as you wish it to be pronounced on the audio ballot as may be used by persons with disabilities (see instructions on page 2 of this form): [Not applicable to write-in candidates.] Carole Pankau					
*Carola (Ponton	(630918-8587		1		
Signature of Candidate	Telephone Number	Email Addr	ess		
10605 Avila Circle	t Myers	FL 33913	3		
Address	City	State	ZIP Code		
		(/ = 1/	2 21/		
STATE OF FLORIDA		Signature of Notary Public	Thek		
COUNTY OF Lee	_	Print, Type, or Stamp Commissioned Name of N	otary Public below:		
Sworn to (or affirmed) and subscribed before me by means of					
online notarization OR physical	presence	DAMITAJO HAUCK			
this					
Personally Known OR Produced Ide			4, 2025		

*22MAY31AM 9 52 SOE LEE CO F1



Tommy Doyle Supervisor of Elections (239) LEE-VOTE (533-8683) • www.lee.vote

Canvassing Board Meeting Dates - August 23, 2022, Primary Election

Logic and Accuracy Testing of the Tabulating Equipment or Voting Machines used at Early Voting and Election Day Precincts, and the Tabulating Equipment used for Vote-by-Mail Ballots:

Lee County Elections Center, 13180 S. Cleveland Ave., Fort Myers, 33907

Monday, 07-25-22 at 9 AM - Immediately Following Proceed to the Main Office (see below)

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Monday, 07-25-22

Review of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- 9 AM Each Meeting (see below)
- Wednesday, 07-27-22 Friday, 07-29-22 Monday, 08-01-22 Wednesday, 08-03-22 Friday, 08-05-22 Monday, 08-08-22
- Wednesday, 08-10-22 Friday, 08-12-22 Monday, 08-15-22 Wednesday, 08-17-22 Friday, 08-19-22 Monday, 08-22-22

Election Day

Review of Vote-by-Mail Ballots and Receive Preliminary Election Night Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Tuesday, 08-23-22
 - 9 AM, NOON, 4 PM, and 6 PM until finished

Canvass of Provisional Ballots, Review of Vote-by-Mail Ballots, Submit 1st Unofficial Results, Submit Official Results, Certify the Election, Submit Conduct of Election Report, Random Selection of Race and Precinct(s) for the Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Friday, 08-26-22 at 8 AM

Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Wednesday, 08-31-22 at 9 AM

In the event of a machine or manual recount, the additional dates of 08-27-22 through 08-30-22 will apply.

Canvassing Board Meeting Dates - November 8, 2022, General Election

Logic and Accuracy Testing of the Tabulating Equipment or Yoting Machines used at Early Voting and Election Day Precincts, the Tabulating Equipment used for Vote-by-Mail Ballots, and the Initial Canvass of Vote-by-Mail Ballots:

Lee County Elections Center, 13180 S. Cleveland Ave., Fort Myers, 33907

Monday, 10-10-22 at 9 AM - Immediately Following Proceed to the Main Office (see below)

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Monday, 10-10-22

Review of Vote-by-Mail Ballots:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- 9 AM Each Meeting (see below)
- Wednesday, 10-12-22 Friday, 10-14-22 Monday, 10-17-22 Wednesday, 10-19-22 Friday, 10-21-22 Monday, 10-24-22
- Wednesday, 10-26-22 a Friday, 10-28-22 a Monday, 10-31-22 a Wednesday, 11-02-22 a Friday, 11-04-22 a Monday, 11-07-22

Election Day

Review of Vote-by-Mail Ballots and Receive Preliminary Election Night Results:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

- Tuesday, 11-08-22
 - 9 AM, NOON, 3 PM, and 5 PM until finished

Canvass of Provisional Ballots, Review of Vote-by-Mail Ballots, Submit 1st Unofficial Results: Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Friday, 11-11-22 at 2 PM

Canvass of Overseas Vote-by-Mail Ballots, Submit Official Results, Certify the Election, Submit Conduct of Election Report, Random Selection of Race and Precinct(s) for the Post-Election Manual Audit:
Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Friday, 11-18-22 at NOON

Post-Election Manual Audit:

Lee County Elections Main Office, Melvin Morgan Constitutional Complex, 2480 Thompson St., 3rd Floor, Fort Myers, 33901

Tuesday, 11-22-22 at 9 AM

In the event of a machine or manual recount, the additional dates of 11-13-22 through 11-20-22 will apply

andidate for local office and b we received a copy of the above schedules.