

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) VICTOR DOBRIN  
 Name

(2) 20327 REALE CIRCLE  
 Address (number and street)  
VENICE, FL 34293  
 City, State, Zip Code

OFFICE USE ONLY

CITY CLERK  
 13 OCT '22 PM 2:43:44  
 CITY OF NORTH PORT

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: CITY OF NORTH PORT COMMISSION, DISTRICT 5

Political Committee (PC)

Electioneering Communications Org. (ECO)  Check here if PC or ECO has disbanded

Party Executive Committee (PTY)  Check here if PTY has disbanded

Independent Expenditure (IE) (also covers an individual making electioneering communications)  Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 09 / 10 / 22 To 09 / 23 / 22 Report Type: G3

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 50.00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 50.00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

**(7) Expenditures This Report**

Monetary Expenditures \$ \_\_\_\_\_ , 2,296.94

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , 2,296.94

**(8) Other Distributions**

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

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

\$ \_\_\_\_\_ , 4,159.00

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

\$ \_\_\_\_\_ , 4,087.82

### (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) MICHAEL MILAK

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

X   
 Signature

(Type name) VICTOR DOBRIN

Candidate  Chairperson (only for PC and PTY)

X   
 Signature

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

(1) Name VICTOR DOBRIN (2) I.D. Number \_\_\_\_\_

(3) Cover Period 09110122 through 09123122 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type   Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description	Amendment	Amount
09, 15, 122	McMULLEN JULIA						
1	4325 HAMWOOD NORTH PORT 34	1	RETIRED	CHE			50
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							
1 1							

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

(1) Name VICTOR DOBRIN

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 09/10/22 through 09/23/22

(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
09/15/22 1	PAYPAL 2211 N. 1ST ST. SAN JOSE, CA 95131	TRANSACTION FEE	MON		1.94
09/19/22 2	ORION PRESS 14320 SW 143 RD CT UNIT #701 MIAMI, FL 33186	PRINTING \$ MAILING	MON		2,295.00
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					