

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 2:45:17
 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 09/24/22 To 10/07/22 Report Type: G4

- Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____ 1,479.78

(7) Expenditures This Report

Monetary Expenditures \$ _____ 71.18

Transfers to Office Account \$ _____

Total Monetary \$ _____ 71.18

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 4,159.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ 4,159.00

(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 Michael Milak

Signature

(Type name) VICTOR DOBRIN

- Candidate Chairperson (only for PC and PTY)

X Victor Dobrin

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

CITY CLERK
13 OCT'22 PM 2:45:27
CITY OF NORTH PORT

(1) Name VICTOR DOBRIN (2) I.D. Number _____

(3) Cover Period 09 124 1 22 through 10 107 1 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		Type	Occupation	Type	Description		
09, 26, 22 /	VICTOR DOBRIN 20327 REALECK VENICE, FL 34293	1	RETIRED	INK	PRINT & MAIL		1479.78
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name VICTOR DOBRIN (2) I.D. Number _____
 (3) Cover Period 09/24/22 through 10/07/22 (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
(6) Sequence Number					
09/26/22	ORION PRESS 14320 SW 143 RD CT UNIT #701 MIAMI, FL 33186	MAILING	CHE		71.18
1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					