

## 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  
 21 OCT'22 AM 9:05:06  
 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)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

### (5) Report Identifiers

Cover Period: From 101 08 1 22 To 101 14 1 22 Report Type: G5

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_, \_\_\_\_\_, 100.00

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

Total Monetary \$ \_\_\_\_\_, \_\_\_\_\_, 100.00

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

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

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

### (8) Other Distributions

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

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_, 4, 259.00

### (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) VICTOR DOBRIN

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

X Victor Dobrin

Signature

(Type name) VICTOR DOBRIN

Candidate  Chairperson (only for PC and PTY)

X Victor Dobrin

Signature

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

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

(3) Cover Period 10 / 08 / 22 through 10 / 14 / 22 (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
10, 11, 12	KEVIN SZOPINSKI	1	RETIRED	CHE			100
1	20299 GRANLAGE VENICE, FL 34293						
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							

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

(1) Name VICTOR BOBRIN

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

(3) Cover Period 10/08/22 through 10/14/22

(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
<u>1/1</u>	<u>NONE</u>				
<u>1/1</u>					
<u>1/1</u>					
<u>1/1</u>					
<u>1/1</u>					
<u>1/1</u>					
<u>1/1</u>					
<u>1/1</u>					
<u>1/1</u>					