

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) VICTOR DOBRIN

Name

(2) 20327 REALE CIRCLE

Address (number and street)

VENICE, FL 34293

City, State, Zip Code

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 10 / 22 / 22 To 11 / 03 / 22 Report Type: 67

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 \$ _____ , _____ , 101 . 94

Transfers to Office Account \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 101 . 94

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , 4 , 309 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , 4 , 260 . 94

(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

OFFICE USE ONLY

CITY CLERK

4 NOV'22 AM 8:21:20

CITY OF NORTH PORT

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

4 NOV 22 AM 8:21:29
CITY OF NORTH PORT

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

(3) Cover Period 10 / 22 / 22 through 11 / 03 / 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						
10 / 28 / 22	MC MULLEN JULIA						
1	4335 HAMWORD NORTH FORT, 34287	1	RETIRED	CHE			50
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/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name VICTOR DOBRIN

(2) I.D. Number _____

(3) Cover Period 10 / 22 / 22 through 11 / 03 / 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
10/28/22 1	PAYPAL 2211 N. 1ST ST. SAN JOSE, CA 95131	TRANSACTION FEE	MON		1.94
11/01/22 2	CLICKSEND US 2420 17TH ST. DENVER, CO 80202	EMAIL & MESSAGING	MON		100
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