

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
 19 AUG '22 AM 11:55:42
 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 08 / 06 / 2022 To 08 / 18 / 2022 Report Type: P7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 50 00

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 50 00

In-Kind \$ _____ , _____ , 0 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 1 94

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , 1.94

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 4, 109 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 1, 790 88

(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

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

(3) Cover Period 08 / 06 / 22 through 08 / 18 / 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							
08 / 16 / 22	MCMULLEN JULIA							
1	4325 HAMWOOD NORTH PORT 34203	I	RETIRED	CHE			50	
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name VICTOR BOBRIN (2) I.D. Number _____
 (3) Cover Period 08/06/22 through 08/18/22 (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
08/16/22	PAYPAL 2211 N. 1ST ST. SAN JOSE, CA 95131	TRANSACTION FEE	MON		1.94
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