

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Benjamin Joseph Zagrobely
Name

(2) 765 SW Tulip Blvd.
Address (number and street)

Port St. Lucie, FL 34953
City, State, Zip Code

Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate Office Sought: City of Port St. Lucie City Council, District 3

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 06 / 01 / 14 To 06 / 20 / 14 Report Type: P1

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , 347.00

Loans \$ _____ , _____ , _____ . _____

Total Monetary \$ _____ , _____ , 347.00

In-Kind \$ _____ , _____ , _____ . _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , 344.57

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

Total Monetary \$ _____ , _____ , 344.57

(8) Other Distributions

\$ _____ , _____ , _____ . _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 347.00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 344.57

(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) Bronie J. Zagrobely, Jr.

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

Bronie Zagrobely
Signature

(Type name) Benjamin Zagrobely

Candidate Chairperson (only for PC and PTY)

Benjamin Zagrobely
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Benjamin Joseph Zagobelný (2) I.D. Number _____

(3) Cover Period 06 / 01 / 14 through 06 / 20 / 14 (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		
<u>6 / 12 / 14</u> 1	<u>Zagobelný, Benjamin J.</u> <u>7655W Tulip Blvd.</u> <u>Port St. Lucie, FL 34953</u>	<u>S</u>	<u>Candidate Security Supervisor</u>	<u>LOA</u>			<u>\$347.00</u>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Benjamin Joseph Zagrobelay

(2) I.D. Number _____

(3) Cover Period 06 / 01 / 14 through 06 / 20 / 14

(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					
6 / 16 / 14	City of Port St. Lucie City Hall 1221 SW Port St. Lucie Blvd. Port St. Lucie, FL 34984-5099	Election Qualifying Fee	CAN		\$344.57
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