CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Benjamin J. Zagrobelny
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**

OFFICE USE ONLY

(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 07 / 19 / 14 To 07 / 25 / 14 Report Type: P4

☑ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 75 . 00
Loans	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 75 . 00
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , ___ , 28 . 57
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , 28 . 57

(8) Other Distributions
$ ___ , ___ , ___ . ___

(9) TOTAL Monetary Contributions To Date
$ ___ , 1 , 193 . 18

(10) TOTAL Monetary Expenditures To Date
$ ___ , 1 , 135 . 90

(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) Bronic J. Zagrobelny, Jr.
☐ Individual (only for IE or electioneering comm.) ☐ Treasurer ☑ Deputy Treasurer
X Bronic Zagrobelny
Signature

(Type name) Benjamin J. Zagrobelny
☑ Candidate ☐ Chairperson (only for PC and PTY)
X
Signature

AUG 1 '14 15:39

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Benjamin J. Zagrobelny **(2) I.D. Number** _____

(3) Cover Period 07 / 19 / 14 through 07 / 25 / 14 **(4) Page** 1 of 1

(5) Date / (6) Sequence Number	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Contributor Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
07 / 19 / 14 P4I1	Dawn Morales 456 SW Eastport Circle Port St. Lucie, FL 34953	I	Therapist	CAS			$25.00
07 / 21 / 14 P4I1	Serena Zagrobelny 13 Nestle Ave Fulton, NY 13069	I	Child Care	CAS			$50.00
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/ /							
/ /							

DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Benjamin J. Zagrobelny **(2) I.D. Number** _____

(3) Cover Period 07 / 19 / 14 **through** 07 / 25 / 14 **(4) Page** 1 **of** 1

(5) Date / (6) Sequence Number	(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
07 / 18 / 14 P4MON1	Raise the Money, Inc. P.O. Box 26466 Little Rock, AR 72221	Donation Collection Fee	MON		$1.12
07 / 21 / 14 P4MON2	Raise the Money, Inc. P.O. Box 26466 Little Rock, AR 72221	Donation Collection Fee	MON		$2.45
07 / 23 / 14 P4MON3	City of Port St. Lucie 121 S.W. Port St. Lucie Blvd. Port St. Lucie, FL 34984	Sign Permit Fee	MON		$25.00
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