

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 08 / 09 / 14 To 08 / 21 / 14 Report Type: P7

Original

Amendment

Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 40 . 00

Transfers to Office Account \$ _____

Total Monetary \$ _____, _____, 40 . 00

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____, 1, 741 . 66

(10) TOTAL Monetary Expenditures To Date

\$ _____, 1, 180 . 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

Bronic Zagrobelny
Signature

(Type name) Benjamin J. Zagrobelny

Candidate Chairperson (only for PC and PTY)

Benjamin J. Zagrobelny
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 08 / 09 / 14 through 08 / 21 / 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	Amendment	Amount
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Benjamin J. Zagrobelny

(2) I.D. Number _____

(3) Cover Period 08 / 09 / 14 through 08 / 21 / 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
08 / 11 / 14	Benjamin J. Zagrobelny 765 SW Tulip Blvd. Port St. Lucie, FL 34953	Loan Repayment	RMB		\$40.00
P7RMB1					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					