

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) THOMAS W DORSETT
Name

(2) 4760 S W 26ST
Address (number and street)
WEST PARK FL 33023
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

RECEIVED OCT 08 2014

ADP

(3) ID Number: _____

(4) Check appropriate box(es):

- Candidate Office Sought: COMMISSIONER
- 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 9 101 114 To 10 13 114 Report Type: G4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ 490.00 , ____ . ____

Loans \$ ____ , ____ , ____ . ____

Total Monetary \$ ____ , ____ , ____ . ____

In-Kind \$ ____ , ____ , ____ . ____

(7) Expenditures This Report

Monetary Expenditures \$ 613.10 , ____ . ____

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

Total Monetary \$ ____ , ____ , ____ . ____

(8) Other Distributions

\$ ____ , ____ , ____ . ____

(9) TOTAL Monetary Contributions To Date

\$ 1904.50 , ____ . ____

(10) TOTAL Monetary Expenditures To Date

\$ 613.10 , ____ . ____

(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) SHARON BOWE

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

X Sharon Bowe
Signature

(Type name) THOMAS DORSETT

Candidate Chairperson (only for PC and PTY)

X Thomas W Dorsett
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name THOMAS W DORSETT (2) I.D. Number G4

(3) Cover Period 9 / 27 / 14 through 10 / 3 / 14 (4) Page of

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11)	(12)
		Type	Occupation	Type	Description	Amendment	Amount
9 / 25 / 14	SOUTH BROWARD BOARD OF REALTOR'S PAC 701 PROMENADE BR PENSACOLA FL	B		CHE			\$250 ⁰ / ₁₀₀
9 / 28 / 14	WAYNE DAMES 2905 EMBASSY BLV MIRAMAR FL 33023	1		CHE			\$100 ⁰ / ₁₀₀
9 / 28 / 14	OCTEON TELLIS 1090 SPYGLASS WESTON FL 33326	1		CHE			\$100 ⁰ / ₁₀₀
9 / 28 / 14	MARIAN W PRATT 4900 SW 23 RD WEST PARK FL 33023	1		CHE			\$25 ⁰ / ₁₀₀
9 / 28 / 14	FAYE MARSH 5225 SW 21 ST WEST PARK FL 33023	1		CHE			\$15 ⁰ / ₁₀₀
1 / 1							
1 / 1							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name THOMAS W DORSETT

(2) I.D. Number _____

(3) Cover Period 9 127 114 through 10 13 114

(4) Page _____ of _____

(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
10/4/14	HC W&P PRINTING 2321 PEMBROKE ROAD HOLLYWOOD FL 33020		CAN		673 ¹⁰ / ₁₀₀
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

INSTRUCTIONS FOR CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

- (1) Candidate's full name or name of the political committee (PC), electioneering communications organizations (ECO) or party executive committee (PTY).
- (2) The identification number assigned by the filing officer.
- (3) Cover period dates (e.g., 1/1/15 through 1/31/15). (See filing officer's reporting dates calendar for appropriate year and cover periods.)
- (4) Page numbers (e.g., 1 of 3).
- (5) Date contribution was RECEIVED (Month/Day/Year).
- (6) **Sequence Number** – Each detail line shall have a sequence number assigned to it. Sequence numbers are to be assigned within each reporting period and for each type of detail line. Thus the report type, detail line type, and sequence number will combine to uniquely identify a specific contribution, expenditure, distribution or fund transfer. This method of unique identification is required for responding to requests from the filing officer and for reporting amendments.
 For example, a M1 report having 75 contributions would use sequence numbers 1 through 75. The next report (M2), comprised of 40 contributions would use sequence numbers 1 through 40. Contributions on amended M1 reports would begin with sequence number 76 and on amended M2 reports would begin with sequence number 41. See the *Amendment Type* instructions below.
- (7) Type full name and address of contributor (including city, state and zip code).
- (8) Enter the type of contributor using one of the following codes:
 Occupation of contributor for **contributions over \$100 only**. (If a business, please indicate nature of business.)

I	Individual	
B	Business	(also includes corporations, organizations, groups, etc.)
E	Electioneering Communications Organizations	
F	Political Committee	(federal or state)
P	Political Parties	(includes federal, state and county executive committees)
O	Other	(e.g., candidate surplus funds to party, etc.)
S	Candidate to Self	

- (9) Enter Contribution Type using one of the following codes:
NOTE: Cash includes cash and cashier's checks.

Code	Description
CAS	Cash or Cashier's Check
CHE	Check
COF	Carryover Funds from Previous Campaign
INK	In-Kind
INT	Interest
LOA	Loan
MO	Money Order
MUC	Multiple Uniform Contributions
RCT	Other Receipts
REF	Refund (Negative Amount Only)