

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) THOMAS W DORSETT
Name

(2) 4760 SW 26ST
Address (number and street)

WESTPARK FL 33023
City, State, Zip Code

OFFICE USE ONLY

RECEIVED OCT 30 2014

Check here if address has changed

(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 10 / 11 / 14 To 10 / 17 / 14 Report Type: GL

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ 150

Loans \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

In-Kind \$ _____ , _____ , _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ 0

Transfers to Office Account \$ _____ , _____ , _____

Total Monetary \$ _____ , _____ , _____

(8) Other Distributions

\$ _____ , _____ , _____

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ , 3738⁰⁰

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ , 3014⁰⁰

(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 W DORSETT

Candidate Chairperson (only for PC and PTY)

X Thomas W Dorsett
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name THOMAS W. DORSEY (2) I.D. Number _____

(3) Cover Period 10 / 11 / 14 through 10 / 17 / 14 (4) Page _____ of _____

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
10 127 114	DR. ERNABER MRS SHANNAN IGHODARO 17220 NW 20 AV MIAMI GARDENS FL 33056	1					100
10 126 114	CEDRIC MGMINN 4316 NW 44 DORAL FL 33178	1					50 ⁰⁰ 78
1 1							
1 1							
1 1							
1 1							
1 1							