

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) THOMAS W DORSETT
Name

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

WESTPARK FL 33023
City, State, Zip Code

Check here if address has changed

OFFICE USE ONLY

RECEIVED OCT 30 2014

(3) ID Number: _____

(4) Check appropriate box(es):

- | | | |
|--|------------------------------------|--|
| <input checked="" type="checkbox"/> Candidate | Office Sought: <u>COMMISSIONER</u> | <input type="checkbox"/> Check here if PC or ECO has disbanded |
| <input type="checkbox"/> Political Committee (PC) | | <input type="checkbox"/> Check here if PTY has disbanded |
| <input type="checkbox"/> Electioneering Communications Org. (ECO) | | <input type="checkbox"/> Check here if no other IE or EC reports will be filed |
| <input type="checkbox"/> Party Executive Committee (PTY) | | |
| <input type="checkbox"/> Independent Expenditure (IE) (also covers an individual making electioneering communications) | | |

(5) Report Identifiers

Cover Period: From 10 / 18 / 14 To 10 / 31 / 14 Report Type: G7

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ 1200⁰⁰/₁₀₀

Loans \$ _____

Total Monetary \$ _____ 1200⁰⁰/₁₀₀

In-Kind \$ _____

(7) Expenditures This Report

Monetary Expenditures \$ _____ 0

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 4939⁰⁰/₁₀₀

(10) TOTAL Monetary Expenditures To Date

\$ _____ 3014⁰⁰/₁₀₀

(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

(Type name) THOMAS W DORSETT

Candidate Chairperson (only for PC and PTY)

X Thomas W Dorsett

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 10 / 18 / 14 through 10 / 31 / 14 (4) Page _____ of _____

(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
10 / 30 / 14	S. DAVIS ASSOCIATES PA 2521 HOLLYWOOD FL 33020	B					200
10 / 22 / 14	WASTE PRO 2101 W STATE ROAD 434 LONGWOOD FL 32778	B					1000.00
1 / 1							
1 / 1							
1 / 1							
1 / 1							
1 / 1							