CAMPAIGN TREASURER'S REPORT SUMMARY

(1) THOMAS W DORSETT
Name

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

WEST PARK FL 33023
City, State, Zip Code

☐ **Check here if address has changed**

OFFICE USE ONLY

RECEIVED SEP 10 2014

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: COMMISSIONER CITY WESTPARK
☐ 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 / 22 / 14 To 08 / 29 / 14 Report Type: M8

☒ Original ☐ Amendment ☐ Special Election Report

(6) Contributions This Report

Cash & Checks	$ ___ , ___ , 150 . 00
Loans	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , ___ , ___ . ___
In-Kind	$ ___ , ___ , ___ . ___

(7) Expenditures This Report

Monetary Expenditures	$ ___ , 1 , 139 . 50
Transfers to Office Account	$ ___ , ___ , ___ . ___
Total Monetary	$ ___ , 1 , 246 . 50

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

(9) TOTAL Monetary Contributions To Date
$ ___ , 1 , 414 . 50

(10) TOTAL Monetary Expenditures To Date
$ ___ , 1 , 246 . 50

(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

SEE REVERSE FOR INSTRUCTIONS

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

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

(3) Cover Period 8 / 22 / 14 through 8 / 29 / 14 (4) Page _____ of _____

(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
8 / 29 / 14	UNION PRINTING 2321 PEMBROKE ROAD HOLLYWOOD FL 33023		CAN		$1139.50
8 / 30 / 14	LYNNS KITCHEN 4924 PEMBROKE ROAD WESTPARK FL 33023		CAN		$106
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DS-DE 14 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

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

(3) Cover Period 8 / 22 / 14 through 8 / 29 / 14 **(4) Page** ____ of ____

(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
8 / 27 / 14	GERALD GRAZIOSE 1560 SW 63 AVE NORTHLAUDERDALE FL 33068	1		CHECK			$150.00
/ /							
/ /							
/ /							
/ /							
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DS-DE 13 (Rev. 11/13) SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES