

## CAMPAIGN TREASURER'S REPORT SUMMARY

OFFICE USE ONLY

RECEIVED JUL 09 2018

*ADJ*

(1) Dr. Anthony Dorsett  
Name

(2) 5333 SW 20<sup>th</sup> St.  
Address (number and street)

West Park, FL 33023  
City, State, Zip Code

Check here if address has changed

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate Office Sought: Commissioner Seat 1

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 6 / 1 / 18 To 6 / 30 / 18 Report Type: ML

Original

Amendment

Special Election Report

### (6) Contributions This Report

Cash & Checks \$ \_\_\_\_\_ , \_\_\_\_\_ , 200.00

Loans \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 200.00

In-Kind \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### (7) Expenditures This Report

Monetary Expenditures \$ \_\_\_\_\_ , \_\_\_\_\_ , 136.00

Transfers to Office Account \$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_ , \_\_\_\_\_ , 136.00

### (8) Other Distributions

\$ \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

### (9) TOTAL Monetary Contributions To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 200.00

### (10) TOTAL Monetary Expenditures To Date

\$ \_\_\_\_\_ , \_\_\_\_\_ , 136.00

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

Kathy Dorsett  
Signature

(Type name) DR ANTHONY DORSETT  
 Candidate  Chairperson (only for PC and PTY)

Dr. Anthony Dorsett  
Signature

**CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS**

(1) Name DR. ANTHONY DORSETT (2) I.D. Number \_\_\_\_\_

(3) Cover Period 6 / 1 / 18 through 6 / 30 / 18 (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		Amount
6120 18	DORSETT, ANTHONY 5333 SW 20th St MUS 7044 35023 AHA	S	SCHOOL ADMIN	CAS			200.00
/							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name DR ANTHONY DORSETT

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 6/1/18 through 6/30/18

(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
6/20/18 1	CITY OF WEST PARK 1965 S. STATE ROAD 7 WEST PARK FL 33023		MON DIS AD		\$136.00
///					
///					
///					
///					
///					
///					
///					