

**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) MARY ELLEN DORSETT

**Name**

(2) 1370 TWIN PALM DR, FORT MYERS, FL 33919

**Address (number and street)**

**City, State, Zip Code**

**CHECK IF ADDRESS HAS CHANGED**

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

(4) **Check appropriate box(es):**

Candidate (office sought): IONA-MCGREGOR FIRE-1

Political Committee

**CHECK IF PC HAS DISBANDED**

Committee of Continuous Existence

**CHECK IF CCE HAS DISBANDED**

Party Executive Committee

Electioneering Communication

**CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED**

**(5) REPORT IDENTIFIERS**

Cover Period: From 9/25/2010 To 10/8/2010 / Report Type G3

Original     Amendment     Special Election Report     Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks    \$ 600.00

Loans    \$ 0.00

Total Monetary    \$ 600.00

In-Kind    \$ 0.00

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures    \$ 490.25

Transfers to Office Account    \$ 0.00

Total Monetary    \$ 490.25

(8) Other Distributions    \$ 0.00

**(9) TOTAL Monetary Contributions To Date**

\$ 6,230.00

**(10) TOTAL Monetary Expenditures To Date**

\$ 1,995.02

**(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.

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(Type name)

(Type name)

Individual (only for electioneering commun.)     Treasurer     Deputy Treasurer

Candidate     Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

**X**

Signature

Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MARY ELLEN DORSETT (2) I.D. Number 230

9/25/2010 through 10/8/2010

(3) Cover Period      /      /      through      /      /      (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
9/28/2010 / /	Dallenogare, Leigh I Ann 6311 Castlewood Circle Fort Myers, FL 33905	I		CH			\$100.00
1							
9/30/2010 / /	FL Professional FF & EMS, 345 West Madison Street Tallahassee, FL 32301	O	profession nal associati on	CH			\$500.00
2							
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**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name MARY ELLEN DORSETT

(2) I.D. Number 230

(3) Cover Period 9/25/2010 through 10/8/2010

(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) Sequence Number					
9/30/2010 / /	Artype, Inc, 3530 Work Drive Fort Myers, FL 33916	signs	MO		\$310.05
1					
9/27/2010 / /	Artype, Inc, 3530 Work Drive Fort Myers, FL 33916	signs	MO		\$180.20
2					
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