FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY								
(1) MARY ELLEN DORSETT Name	OFFICE USE ONLY 230							
(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):	CIRE-1 CHECK IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED							
☐ Electioneering Communication	CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED							
Cover Period: From	(5) REPORT IDENTIFIERS 10/29/2010 1/31/2011							
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report							
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT							
Cash & Checks \$0.00	Monetary Expenditures \$ 1,176.90							
Loans \$	Transfers to Office Account \$ 0.00							
Total Monetary \$	Total Monetary \$ 1,176.90							
In-Kind \$								
	(8) Other Distributions \$0.00							
(9) TOTAL Monetary Contributions To Date \$6,230.00_	(10) TOTAL Monetary Expenditures To Date \$							
(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.  I certify that I have examined this report and it is true, correct, and complete.								
(Type name)  Individual (only for election eering commun.)  Treasurer Deputy Treasurer	(Type name)  Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)							
Signature	Signature							
Signature	Signature							

## **CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS**

(1) Name	MARY ELLEN DORSETT			Z) I.D. Numbe	=1"2	230
	10/29/2010		1/31/2011			
(3) Cover Perio	od//	through	11	(4) Pag	je <sup>1</sup>	<b>of</b> 0
3 1					20 Sp	-
(5)	(7)	(8)	(9)	(10)	(11)	(12)
Date	Full Name	(6)	(8)	(10)	(11)	(12)
(6)	(Last, Suffix, First, Middle)	<b>^</b>	0 17 17	Descriptions of		
Sequence	Street Address &	Contributor	Contribution	In-kind	Amendment	
Number	City, State, Zip Code	Type Occupat	tion Type	Description	Amendment	Amount
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## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name_	MARY	ELLEN	DOR	SETT				 (2) I.D. Nun	nber	2	230	arv .
		10/2	9/20	10		1/31/	2011					
(3) Cover I	Period		9	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
11/19/2010	Dorsett, Mary Ellen 1370 Twin Palm Drive Fort Myers, FL 33919	reimburse ment of loan	МО		\$1,176.90
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## **CAMPAIGN TREASURER'S REPORT - ITEMIZED DISTRIBUTIONS**

(1)	Name MAR	Y ELLEN DORSETT	(2)	I.D. Number	230		
(3)	Cover Perio	od thro	ough1/31/2011	(4) Page	<u> </u>	of1	
s	(5) Date (6) equence 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) Related Expenditures	(10) Amendment	(11) Amount	
	11/19/2010		monetary reimburse ment of loan	2010-TR4-1		\$1,176.90	