

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

(1) Ghazanfar Saeed  
**Name**  
 (2) 5201 Paleo Pines Circle  
**Address (number and street)**  
Fort Pierce, FL 34951  
**City, State, Zip Code**

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1025687]  
 Submitted on:  
 11/17/2010 09:01:09 (eastern)

**CHECK IF ADDRESS HAS CHANGED** (3) ID Number: 145

(4) **Check appropriate box(es):**  
 Candidate (office sought): School Board, District 1  
 Political Committee  **CHECK IF PC HAS DISBANDED**  
 Committee of Continuous Existence  **CHECK IF CCE HAS DISBANDED**  
 Party Executive Committee  **CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED**  
 **Electioneering Communication**

**(5) REPORT IDENTIFIERS**  
 Cover Period: From 7/31/2010 To 8/19/2010 / Report Type F3  
 Original  Amendment  Special Election Report  Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>123.24</u>

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

**(8) Other Distributions**  
 \$ 0.00

**(9) TOTAL Monetary Contributions To Date**  
 \$ 4,764.00

**(10) TOTAL Monetary Expenditures To Date**  
 \$ 4,856.82

**(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) \_\_\_\_\_  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer  
**X**  
 \_\_\_\_\_  
 Signature

I certify that I have examined this report and it is true, correct, and complete.  
 (Type name) \_\_\_\_\_  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)  
**X**  
 \_\_\_\_\_  
 Signature

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

**(1) Name** Ghazanfar Saeed **(2) I.D. Number** 145  
**(3) Cover Period** 7/31/2010 through 8/19/2010 **(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
8/16/2010 / /	Afzal, Mohammad 14 Meadowvale Rd Plattusburgh, NY 12901	I	dentist	IK	advertisin Add g		\$123.24
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ghazanfar Saeed

(2) I.D. Number 145

(3) Cover Period 7/31/2010 through 8/19/2010

(4) Page 1 of 0

(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
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