

**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
 [1025714]
 Submitted on:
 11/17/2010 16:43:58 (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 8/20/2010 To 11/19/2010 Report Type TR
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 250.00
 Loans \$ 0.00
 Total Monetary \$ 250.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 0.00

(8) Other Distributions
 \$ 0.00

(9) TOTAL Monetary Contributions To Date
 \$ 5,014.00

(10) TOTAL Monetary Expenditures To Date
 \$ 5,014.30

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Individual (only for electioneering commun.) <input type="checkbox"/> Treasurer <input type="checkbox"/> Deputy Treasurer</p> <p>X _____</p> <p>Signature</p>	<p>I certify that I have examined this report and it is true, correct, and complete.</p> <p>(Type name) _____</p> <p><input type="checkbox"/> Candidate <input type="checkbox"/> Chairperson (only for PC, PTY & electioneering commun. organization)</p> <p>X _____</p> <p>Signature</p>
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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Ghazanfar Saeed (2) I.D. Number 145

8/20/2010 through 11/19/2010

(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		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		
9/3/2010 / /	City of Port St. Lucie, 121 SW Port St. Lucie Blvd Port St. Lucie, FL 34984	B	business	RE			\$250.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Ghazanfar Saeed

(2) I.D. Number 145

(3) Cover Period 8/20/2010 through 11/19/2010

(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
9/3/2010 //	Saeed, Ghazanfar 5201 Paleo Pines Cir Fort Pierce, FL 34951	loan reimbursement to candidate	DI		\$157.48
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