

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

(1) WILLIAM PALSGRAF
Name

(2) 2192 SW FEARS AVE
Address (number and street)

PORT ST LUCIE, FL 34953
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): CITY COUNCIL DISTRICT 3

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 4/1/10 To 9/7/10 Report Type TR

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 50⁰⁰

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 75⁰⁰

Transfers to Office Account \$ _____

Total Monetary \$ _____

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ 75⁰⁰

(10) TOTAL Monetary Expenditures To Date

\$ 75⁰⁰

(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) WILLIAM PALSGRAF

(Type name) _____

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

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

X William M. Palsgraf

X

Signature

Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name WILLIAM PALSGRAF (2) I.D. Number _____

(3) Cover Period 4 10 1 10 through 9 1 2 10 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		Amount
<u>4 1 1 10</u> <u>2798</u>	<u>HARRY MIRETT</u> <u>1537 E HILLSLAND BLVD</u> <u>NEEPPFIELD BCH, FL</u>	<u>CH</u> <u>E</u>	<u>RETIRED</u>	<u>CHR</u>			<u>50.00</u>
<u>1 1</u>							
<u>1 1</u>							
<u>1 1</u>							
<u>1 1</u>							
<u>1 1</u>							
<u>1 1</u>							
<u>1 1</u>							
<u>1 1</u>							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name WILLIAM PASCANAF

(2) I.D. Number _____

(3) Cover Period 4/10/10 through 9/7/10

(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
6/15/10 93	WILLIAM PASCANAF 2192 SW FEARS AVE PORT ST LUCIE, FL 34953		REF		25 ⁰⁰
6/29/10 94	HARRY MINNETT 1537 E HILLSBORO BLVD APT 141 DEERFIELD BCH, FL 33441		REF		50 ⁰⁰ XX
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					