FLORIDA DEPARTMENT OF STA	ATE DIVISION OF ELECTIONS TELE R'S REPORT SUMMARY 4592				
(1) MARK A. GOODE	2010 NOV 22 PILLY				
Name	2010 NUU 22 FIT 12 51				
(2) PO BOX 5128					
Address (number and street)					
NAVARRE, FL 32566					
City, State, Zip Code					
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:				
(4) Check appropriate box(es):  ✓ Candidate (office sought): COUNTY COMMISSI	ONER, DISTRICT 4				
Political Committee	CHECK IF PC HAS DISBANDED				
Committee of Continuous Existence	CHECK IF CCE HAS DISBANDED				
<ul> <li>☐ Party Executive Committee</li> <li>☐ Electioneering Communication</li> <li>☐ CHECK IF NO OTHER ELECTIONEERING</li> <li>COMMUNICATION REPORTS WILL BE FILED</li> </ul>					
(5) REPORT	IDENTIFIERS				
• •	11 / 22 / 2010 Report Type TR				
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report				
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT				
Cash & Checks \$	Monetary 430.59 Expenditures \$ \frac{110.30}{210.30} \frac{110.30}{2}				
Loans \$	Transfers to Office Account \$				
Total Monetary \$	Total 430.59 Monetary \$ 110.39				
In-Kind \$					
	(8) Other Distributions \$ 20.29				
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date				
\$7,220.01	\$7,220.01				
(11) CERTIFICATION  It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)					
certify that I have examined this report and it is true,	I certify that I have examined this report and it is true,				
correct, and complete.					
(Type name) MARK A. GOODE	(Type name) MARK A. GOODE				
Individual (only for electioneering commun.)	Candidate Chairperson (only for PC, PTY & election ering commun. organization)				
X Mal Com	X MALL				
Signature	Signature				

## **CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name	MARK A. GOODE	(2) I.D. Number
(3) Cover Period 08	/ <sup>20</sup> / <sup>2010</sup> through <sup>11</sup> / <sup>22</sup> / <sup>2010</sup>	(4) Page <sup>1</sup> of <sup>1</sup>

(5) (7) Date Full Name  (6) (Last, Suffix, First, Middle) Sequence Sumber City, State, Zip Code	(7)	(8)	(9)	(10)	(11)
	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount	
08 /26 /10 TR/01	PEN AIR FCU 1495 E. NINE MILE RD PENSACOLA, FL 32514	BANK FEES	MON		\$27.50
09 /07 /10 TR/02	WEB.COM 12808 GRAN BAY PKWY EAST JACKSONVILLE, FL 32258	WEB FEES	MON		\$13.90
10 /07 /10	WEB.COM 12808 GRAN BAY PKWY EAST JACKSONVILLE, FL 32258	WEB FEES	MON		\$13.90
TR/03  10 /07/10  TR/04	WEB.COM 12808 GRAN BAY PKWY EAST JACKSONVILLE, FL 32258	ANNUAL WEB FEES	MON		\$19.95
10 /07 /10 TR/05	PEN AIR FCU 1495 E. NINE MILE RD PENSACOLA, FL 32514	BANK FEES	MON		\$27.50
10 /07 /10 TR/06	PEN AIR FCU 1495 E. NINE MILE RD PENSACOLA, FL 32514	BANK FEES	MON		\$27.50
11/05/10 TR-07	MARK GOODE P.O. BOX 5128 MAVARLE, FC 32566	Dis	Mort		320.29
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