

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

OFFICE USE ONLY

(1) MARK A. GOODE  
Name

2009 OCT 12 PM 2:55

(2) PO BOX 5128  
Address (number and street)  
NAVARRE, FL 32564  
City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):  
 Candidate (office sought): SANTA ROSA REPUBLICAN COUNTY COMMISSIONER DISTRICT 4  
 Political Committee  
 Committee of Continuous Existence  
 Party Executive Committee  
 Electioneering Communication  
 CHECK IF PC HAS DISBANDED  
 CHECK IF CCE HAS DISBANDED  
 CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 08 / 31 / 2009 To 09 / 30 / 2009 Report Type Q-3  
 Original  Amendment  Special Election Report  Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT  
 Cash & Checks \$ \_\_\_\_\_  
 Loans \$ \_\_\_\_\_ 50.00  
 Total Monetary \$ \_\_\_\_\_  
 In-Kind \$ \_\_\_\_\_ 245.23

(7) EXPENDITURES THIS REPORT  
 Monetary Expenditures \$ \_\_\_\_\_ 24.50  
 Transfers to Office Account \$ \_\_\_\_\_  
 Total Monetary \$ \_\_\_\_\_ 24.50

(8) Other Distributions  
 \$ \_\_\_\_\_

(9) TOTAL Monetary Contributions To Date  
 \$ \_\_\_\_\_ 50.00

(10) TOTAL Monetary Expenditures To Date  
 \$ \_\_\_\_\_ 24.50

(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.

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(Type name) MARK A. GOODE  
 Individual (only for electioneering commun.)  Treasurer  Deputy Treasurer

(Type name) MARK A. GOODE  
 Candidate  Chairperson (only for PC, PTY & electioneering commun. organization)

X [Signature]  
 Signature

X [Signature]  
 Signature

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

(1) Name Mark A. Goode (2) I.D. Number \_\_\_\_\_

(3) Cover Period 8, 31, 09 through 9, 30, 09 (4) Page 2 of 3

(5) Date	(7) Full Name (Last, Suffix, First, Middle)	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number	Street Address & City, State, Zip Code	Type	Occupation	Type	Description		
8, 31, 09	Mark Goode 7318 Manatee St NAPAVIE, FL 32566			Loan			\$50.00
1							
8, 31, 09	Mark A Goode 7318 manatee st NAU, FL 32566			INR			\$182.89
2							
9, 15, 09	Mark A Goode 7318 Manatee St NAU, FL 32566			INR			\$62.34
3							
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**CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES**

(1) Name Mark A. Goode

(2) I.D. Number \_\_\_\_\_

(3) Cover Period 8, 31, 09 through 9, 30, 09

(4) Page 3 of 3

(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
8/31/09	Regions Bank 8234 NAVARRE PKWY NAU, FL 32506		mon		\$24.50
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