

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

SUPERVISOR'S OFFICE
6495 GOLF
MILTON, FL 32570-4592
OFFICE USE ONLY
2010 AUG 20 AM 11 21

(1) MARK A. GOODE
Name

(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 COMMISSIONER, DISTRICT 4
- 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 07 / 17 / 2010 To 07 / 30 / 2010 Report Type F-2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____
Loans \$ _____
Total Monetary \$ _____
In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

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

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____ 7,220.01

(10) TOTAL Monetary Expenditures To Date

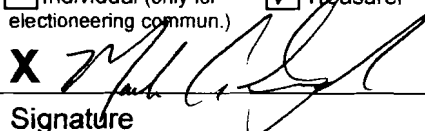
\$ _____

(11) CERTIFICATION

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

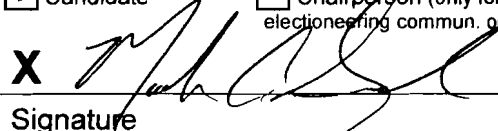
I certify that I have examined this report and it is true, correct, and complete.

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

X 
Signature