

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

OFFICE USE ONLY
2010 AUG 20 AM 11:22

(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 / 31 / 2010 To 08 / 19 / 2010 Report Type F-3

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 858.56

Transfers to Office Account \$ _____

Total Monetary \$ 858.56

(8) Other Distributions \$ _____

(9) TOTAL Monetary Contributions To Date
\$ 7,220.01

(10) TOTAL Monetary Expenditures To Date
\$ 6,775.52

(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

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name MARK A. GOODE

(2) I.D. Number _____

(3) Cover Period 07 / 31 / 2010 through 08 / 19 / 2010

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type	(8) Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name MARK A. GOODE

(2) I.D. Number _____

(3) Cover Period 07 / 31 / 2010 through 08 / 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
08 / 03 / 10 F-3/01	AIKEN SIGN COMPANY PO BOX 5670 NAVARRE, FL 32566	CAMPAIGN BUTTONS	MON		\$111.83
08 / 03 / 10 F-3/02	WRITERIGHT COMMUNICATIONS 4523 WHISPER WAY PENSACOLA, FL 32504	LITERARY AGENT	MON		\$200.00
08 / 03 / 10 F-3/03	VISTA PRINT 95 HAYDEN AVE LEXINGTON, MA 02421	RACK CARDS	MON		\$321.73
08 / 05 / 10 F-3/04	GULF BREEZE NEWS PO BOX 1414 GULF BREEZE, FL 32562	ADVERTISEMENT	MON		\$225.00
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