

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

ELECTIONS
STATE F
MILTON, FL 32570
OFFICE USE ONLY
2010 NOV 22 PM 12 31

(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 04 / 01 / 2010 To 07 / 16 / 2010 Report Type F-1

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 \$ 5,613.83

Transfers to Office Account \$ _____

Total Monetary \$ 5,613.83

(8) Other Distributions

\$ _____

(9) TOTAL Monetary Contributions To Date

\$ _____

(10) TOTAL Monetary Expenditures To Date

\$ 5,869.34

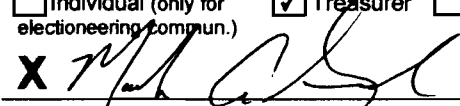
(11) CERTIFICATION

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

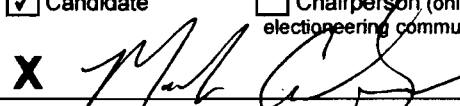
X 

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 EXPENDITURES

(1) Name MARK A. GOODE

(2) I.D. Number _____

(3) Cover Period 04 / 01 / 10 through 07 / 16 / 10

(4) Page 2 of 2

(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
04 / 07 / 10	WEB.COM 12808 GRAN BAY PKWY, WEST JACKSONVILLE, FL 32258	WEB SITE FEES	MON	ADD	\$13.90
F1/08					
05 / 07 / 10	WEB.COM 12808 GRAN BAY PKWY, WEST JACKSONVILLE, FL 32258	WEB SITE FEES	MON	ADD	\$13.90
F1/09					
06 / 07 / 10	WEB.COM 12808 GRAN BAY PKWY, WEST JACKSONVILLE, FL 32258	WEB SITE FEES	MON	ADD	\$13.90
F1/10					
07 / 07 / 10	WEB.COM 12808 GRAN BAY PKWY, WEST JACKSONVILLE, FL 32258	WEB SITE FEES	MON	ADD	\$13.90
F1/11					
/ /					
/ /					
/ /					
/ /					