SUPERV 1. TO 1700 6495 C 1.CL 1.LL 2.F

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
COTADA CODATA	JUL 10 PI'I 1 32 OFFICE USE ONLY					
(2) Name 6467 Avenida de 61 Vez Address (gumber and street)	· ——					
NAVATIVE, FL 32566 City, State, Zip Code						
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:					
(4) Check appropriate box(es): Candidate (office sought): Political Committee Committee Committee Committee Check IF PC HAS DISBANDED CHECK IF CCE HAS DISBANDED CHECK IF NO OTHER ELECTIONEERING						
(5) REPORT	COMMUNICATION REPORTS WILL BE FILED					
(5) REPORT IDENTIFIERS Cover Period: From 04 / 01 / 06 To 06 / 30 / 06 Report Type 02						
☐ Original ☐ Amendment ☐ Special Election F	Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$,,	Monetary Expenditures \$,,,					
Loans \$, <u>/</u> , <u>000</u> 00	Transfers to Office Account \$, , .					
Total Monetary \$,	Total Monetary \$,, 103 - 30					
In-Kind \$,						
	(8) Other Distributions \$, ,					
(9) TOTAL Monetary Contributions To Date \$	(10) TOTAL Monetary Expenditures To Date \$,,,,					
(11) CERTIFICATION It is a first degree misdemeanor for any person to faisify a public record (ss. 839.13, F.S.)						
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.					
(Type name) Chris J. Beam Individual (only for Treasurer Deputy Treasurer	(Type name) CONDON COODIA Candidate Chairperson (only for PC, PTY & clostic possing commun. oman(artis))					
X Sam	electioneering commun. organization)					
Signature	Signature					

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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Gordon Goodin (2) I.D. Number						
(3) Cover Period	04 / 01 / 06	through	06 1 30	06	(4) Pag	e of	
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)		(8)	(9)	(10)	(11)	(12)
Sequence Number	Street Address & City, State, Zip Code	Co Type	ntributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
05, 04,06							
1	Gordon Goodin 6467 Avenidade Galvez Novarre, F2 3254	I	Business Owner/ Countylan	LOA			/000.00
1 1							
1 1			_				
1 1							
1 1	, ,	-	*				
1 1			2				•
/ /							

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SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name(Sordon Goodin	(2)	I.D. Number _		
(3) Cover Period	<u>04</u> / <u>01</u> / <u>06</u> 1	hrough <u>06</u> / <u>30</u> / <u>06</u>	(4) Pa	ge o	· <u> </u>
(5) Date (6) Sequence Number	(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)
05, 16,06	Supervisor of Elasto	Petition Verification			/0.10
2	·	Petitition Verificate			6.30
3		Petitia Verification			10.60
4		Potition Verification			8./0
06, 19,06	Superince of Election	Petition Verification			68.20
1 1		· · · · · · · · · · · · · · · · · · ·	·		
1 1	,				
1 1					

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