

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

OFFICE USE ONLY
64850 MILTON, FL 32571
2006 AUG 3 PM 1 12

(1) Gorda Goodin
Name
(2) 6467 Avenida de Galvez
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): Santa Rosa County Commission District 4
 Political Committee CHECK IF PC HAS DISBANDED
 Committee of Continuous Existence CHECK IF CCE HAS DISBANDED
 Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED
 Electioneering Communication

(5) REPORT IDENTIFIERS

Cover Period: From 7/1/06 To 7/28/06 Report Type TR
 Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0
 Loans \$ 0
 Total Monetary \$ 0
 In-Kind \$ 0

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 896.70
 Transfers to Office Account \$ _____
 Total Monetary \$ 896.70

(8) Other Distributions
 \$ 103.30

(9) TOTAL Monetary Contributions To Date
 \$ 1000.00 ~~1000.00~~

(10) TOTAL Monetary Expenditures To Date
 \$ 1000.00 ~~1000.00~~

(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) Chris J. Beam
 Individual (only for electioneering comm.) Treasurer Deputy Treasurer
 X Chris J. Beam
 Signature

I certify that I have examined this report and it is true, correct, and complete.
 (Type name) Gorda Goodin
 Candidate Chairperson (only for PC, PTY & electioneering comm. organization)
 X Gorda Goodin
 Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name Gordon Goodin (2) I.D. Number _____

(3) Cover Period 7, 1, 06 through 7, 28, 06 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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No Contributions This Period

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Gordon Goodin (2) I.D. Number _____

(3) Cover Period 7, 1, 06 through 7, 28, 06 (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
(6) Sequence Number					
7/28/06	Gordon Goodin	Return unused funds of loan by Gordon Goodin, Candidate	DIS		896.70
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