CAMPAIGN TREASURER'S REPORT SUMMARY									
(1)	Stacey Goodson	OFFICE USE ONLY							
	Name	ONLINE SUBMISSION [1238859]							
(2)	4724 Cornerstone Lane	Submitted on:							
	Address (number and street) Marianna, FL 32446	11/13/2020 11:41:40 (eastern)							
-	City, State, Zip Code	— I I							
	Check here if address has changed	(3) ID Number: 327							
(4)	Check appropriate box(es):	(-)							
	Candidate Office Sought: School Board	Member District 3							
	Political Committee (PC)								
		Check here if PC or ECO has disbanded							
		 Check here if PTY has disbanded Check here if no other IE or EC reports will be filed 							
	individual making electioneering communications)								
(5) Report Identifiers									
Cove		6 / 26 / 2020 Report Type: P2							
		ecial Election Report							
(6)	Contributions This Report	(7) Expenditures This Report							
Cash	& Checks \$, , 0.00	Monetary Expenditures \$,, 8.60							
Cash									
Loan	s \$,,0.00	Transfers to							
		Office Account \$,,, 0.00							
Total	Monetary \$,, 0.00								
		Total Monetary \$, , 8 . 60							
In-Kir	nd \$,, <u>0</u> . <u>00</u>								
		(8) Other Distributions							
		\$,, <u>0</u> . <u>00</u>							
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date							
	\$, <u>14</u> , <u>000</u> . <u>00</u>	\$, <u>13</u> , <u>702</u> . <u>20</u>							
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)									
Ιce	ertify that I have examined this report and it is true, corr	ect, and complete:							
(Type name) (Type name)									
	Individual (only for IE Treasurer Deputy Treasurer	Candidate Chairperson (only for PC and PTY)							
or e	electioneering comm.)								
х		x							
	nature	Signature							

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CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Goodson				(2) I.D. Number					
	6/13/2020		6	/26/2020		-	0		
(3) Cover Per	iod / /	thro	bugh	11	(4) Pag	e	of		
(5) Date (6)	(7) Full Name (Last, Suffix, First, Middle)	(8)		(9)	(10)	(11)	(12)		
Sequence	Street Address &	C	ontributor	Contribution	In-kind				
Number	City, State, Zip Code	Туре	Occupation	Туре	Description	Amendment	Amount		
	99		2	22.2	2				
1 1	_								
1 1									
1 1	_								
			-						
1 1	_								
1 1	_								
1 1	_								
1 1	_								
1 1	_								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

(1) Name Stac	CAMPAIGN TREASURER'		D EXPENDIT (2) I.D. Number	327	
(3) Cover Period	6/13/2020 I/through_	6/26/2020 / /	(4) Page <u>1</u>	of	1
(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) Amount
	UPS store, 4415-C Constitution Lane Marianna, Fl 32448	computer use and copies.	MO	Add	\$8.60
_/ /					
_/ /					
_/ /					
11					
_/ /					

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