	CAMPAIGN TREASURE	R'S REPORT SUMMARY						
(1)	Stacey Goodson	OFFICE USE ONLY						
` '	Name	ONLINE SUBMISSION						
(2)	4724 Cornerstone Lane	[1218025]						
	Address (number and street)	Submitted on: 7/18/2020 14:03:16 (eastern)						
	Marianna, FL 32446	(7/10/2020 14:03:10 (eastern)						
	City, State, Zip Code							
	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)	7.01 . 1.1 . 17.0 . 50.0 . 11.1 . 1						
	☐ Electioneering Communications Org. (ECO)☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded						
	☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
	individual making electioneering communications)	•						
	/5\ Panor	Identifiers						
Cove								
M O	riginal Amendment Spe	ecial Election Report						
(6)	Contributions This Report	(7) Expenditures This Report						
Cash	n & Checks \$, , 350 . 00	Monetary Expenditures \$, , 56 . 10						
Loar	ns \$,, <u>0</u> . <u>00</u>	Transfers to						
		Office Account \$, , , 0 . 00						
Tota	I Monetary \$, , <u>350</u> . <u>00</u>							
		Total Monetary \$, , _56 . 10						
In-Ki	nd \$,, <u>0</u> .00							
		(8) Other Distributions						
		\$, , <u>0</u> . <u>00</u>						
(9)	TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
	\$,6, _90000	\$, 3, 626. 69_						
	(11) Cert							
	It is a first degree misdemeanor for any pers	• • • • • • • • • • • • • • • • • • • •						
Ιc	ertify that I have examined this report and it is true, corr	ect, and complete:						
(T	ype name)	(Type name)						
	Individual (only for IE	☐ Candidate ☐ Chairperson (only for PC and PTY)						
Х		×						
	gnature	Signature						

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Names	tacey Goodson	1	(2) I.D. Numbe	r	327		
(3) Cover Period	7/11/2020 d/_) _	through	7/17/2020	(4) Pag	e <u>1</u>	of
(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)

(5) Date	(7) Full Name		(8)	(9)	(10)	(11)	(12)
(6) Sequence Number	(Last, Suffix, First, Middle) Street Address & City, State, Zip Code	C Type	ontributor Occupation	Contribution Type	In-kind Description	Amendment	Amount
7/16/2020	Barber, Steffani 2123 Hwy73 Marianna, FL 32448	I	occupatior al therapist	CH			\$150.00
7/16/2020 /- /	Shannon Saunders Law Firm, P.O. Box 5896 Marianna, FL 32447	В	attorney at law	СН			\$200.00
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name _5	Stacey	Goods	n				 (2) I.D. Num	nber	3	327	an an
		7/11/2	020		7/17/2	020					
(3) Cover P	eriod	1	1	through	1	1	(4) Page	1	of	1	

(5)	(7)	(8)	(9)	(10)	(11)
Date (6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
7/16/2020	Marianna Post Office, 4396 Layfayette Street Marianna, FL 32448	stamps	МО		\$56.10
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