

08 JUN 16 PM 12:51 SOE Lee Co FI

GOODACRE, MARRIAN ELIZABETH
874 OAK ST
FORT MYERS BEACH FL 33931

Lee SOE Form 08-2007

LEE COUNTY SUPERVISOR OF ELECTIONS CANDIDATE CAMPAIGN FILE COVER SHEET

Candidate Name	MARRIAN E. GOODACRE.		
Residence Address	874 OAK ST.		
City and Zip Code	FT MYERS BEACH. FLA. 33931		
Mailing Address (If different)	<input checked="" type="checkbox"/> Check if same as above.		
Telephone Number(s) (Daytime)	463-6487	OR	
Email Address			
Office Sought	FIRE COMMISSIONER. FT. MYERS Bch. FIRE DISTRICT		
Area, District, Group Or Seat Number	# 2		
Political Party (If Applicable)	N/A.		
Date Of Birth Or Voter ID #	VOTER ID # 95-022494		
Date	JUNE 1 st 2008		
Candidate Signature	<input checked="" type="checkbox"/> <i>Marian E Goodacre</i>		

All information on this form, including your signature, becomes a public record upon receipt by the Supervisor of Elections.

Candidates who provide an email address may be contacted by this office, via the email address provided by the candidate, for campaign related communications that pertain exclusively to the candidate's campaign.

All other mailings from this office, which pertain to every candidate, will be via United States Postal Service.

SCANNED

**STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**
(Section 106.021(1), F.S.)

OFFICE USE ONLY

(PLEASE TYPE)

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate
BETTY GOODACRE

1. Address (include post office box or street, city, state, zip code)
874 OAK ST. FT. MYERS BCH
33931

Telephone (optional)
(239) 463-6487

2. Party (Partisan candidates only)
NON

3. Office (add district, circuit, group number)
FORT MYERS BEACH FC S-2

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer
BETTY GOODACRE - CATHY GOODACRE - LEE.

5. Mailing Address (If post office box or drawer add street address)
874 OAK ST. FT MYERS BCH.

6. Telephone
239-463-6487

7. City

8. County
LEE

9. State
FLA.

10. Zip Code
33931

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank
WACHOVIA

12. Street Address
2815 ESTERO BLVD.

13. City
FT MYERS BCH.

14. County
LEE

15. State
FLA.

16. Zip Code
33931

17. Signature of Candidate
 Betty Goodacre

Date
July 15/08

Campaign Treasurer's Acceptance of Appointment

I, BETTY GOODACRE, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer Deputy Treasurer for the campaign of BETTY GOODACRE

who is seeking nomination or election as a NON-PARTISAN candidate to the office of
(Party)

FORT MYERS BEACH FC S-2 As a duly registered voter in LEE

County, Florida, I am qualified to accept this appointment.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.**

07/15/2008
Date

Betty Goodacre
Signature of Campaign Treasurer or Deputy Treasurer

SCANNED

08/11 3:04 PM 1233 SDE Lee Co Fl

STATE OF FLORIDA
APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES

(Section 106.021(1), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

CHECK APPROPRIATE BOX:

Original Appointment Deputy Treasurer Reappointment of Treasurer Secondary Depository

Name of Candidate

BETH GOODACRE.

1. Address (include post office box or street, city, state, zip code)

874 OAK ST.
FTMYERS BCH. FL. 33931

Telephone (optional)

(239) 463-6487

2. Party (Partisan candidates only)

3. Office (add district, circuit, group number)

F.T.M. B.F.D. - SEAT #2

I have appointed the following person to act as my Campaign Treasurer Deputy Treasurer

4. Name of Treasurer or Deputy Treasurer

CATHY GOODACRE - LEE

5. Mailing Address (If post office box or drawer add street address)

14901 PARK LAKE DR.

#208

6. Telephone

(239) 481-7412

7. City

FT. MYERS.

8. County

LEE.

9. State

FL.

10. Zip Code

33919

I have designated the following named bank as my Primary Depository Secondary Depository

11. Name of Bank

WACHOVIA

12. Street Address

ESTERO BLVD

13. City

FTMYERS BCH.

14. County

LEE.

15. State

FL.

16. Zip Code

33931

17. Signature of Candidate

X *Betty Goodacre*

Date: 8/1/08

Campaign Treasurer's Acceptance of Appointment

I, CATHY GOODACRE - LEE, do hereby accept the appointment as
(Please Print or Type)

Campaign Treasurer ~~Candidate~~ for the campaign of BETH GOODACRE

who is seeking nomination or election as a NON PARTISAN candidate to the office of
(Party)

F.M.B.F.D. SEAT #2 As a duly registered voter in LEE

County, Florida, I am qualified to accept this appointment.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S
ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE.

AUG 1/08

Date

X Cathy Goodacre-Lee
Signature of Campaign Treasurer or Deputy Treasurer

**STATEMENT OF
CANDIDATE**

(Section 106.023, F.S.)

(Please Type)

OFFICE USE ONLY

I, Betty Goodacre,

candidate for the office of F.M.BCH FIRE DIST. SEAT #2;

have received, read and understand the requirements of Chapter 106,

Florida Statutes.

X Betty Goodacre
Signature of Candidate

July 15/08
Date

08 JUL 30 PM 1233 SDE Lee Co Fl

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

OFFICE USE ONLY

STATEMENT OF CANDIDATE

(Section 106.023, F.S.)

(Please Type)

I, MARRIAN E. GOODACRE (Betty Goodacre)

candidate for the office of FT MYERS BCH. FIRE DIST. COMMISSIONER
Seat #2

have received, read and understand the requirements of Chapter 106,
Florida Statutes.

X Marrion E Goodacre
Signature of Candidate

June 1/08
Date

Each candidate must file a statement with the qualifying officer within 10 days after the Appointment of Campaign Treasurer and Designation of Campaign Depository is filed. Willful failure to file this form is a first degree misdemeanor and a civil violation of the Campaign Financing Act which may result in a fine of up to \$1,000, (ss. 106.19(1)(c), 106.265(1), Florida Statutes).

SCANNED

AFFIDAVIT OF INTENT LEE COUNTY SPECIAL DISTRICT CANDIDATE

111651640

State of Florida
County of Lee

GOODACRE, MARRIAN ELIZABETH
874 OAK ST
FORT MYERS BEACH FL 33931

I, Betty Goodacre, am a candidate for the Special District
(print name)

office of: Fort Myers Beach Fire Comm. Dist 2
(district name and district #, seat #, or area#)

In the 11/04/2008 election. I understand that my only campaign
(date of election)

expense, from personal funds, shall be the \$25 candidate-qualifying-fee or the signature verification fee for candidates who qualify by submitting 25 valid candidate petition signatures.

As long as these are my only campaign expenses, I will not be required to: appoint a campaign treasurer, designate a campaign depository or file periodic campaign treasurer's reports as required by Florida Statutes §99.061 or §106.07 and, therefore, during my campaign, I am prohibited from expending, collecting, soliciting or accepting any money or contribution(s) in-kind, in connection with my campaign.

In the event I later decide to, collect, solicit, or accept any money or contribution(s) in-kind, or make any campaign expense, prior to doing so, I understand that I AM REQUIRED TO FIRST FILE Form DS-DE 9 (Appointment of Campaign Treasurer/Designation of Campaign Depository Form) with the Lee County Supervisor of Elections. My campaign shall then be subject to campaign finance regulations in accordance with Florida Statutes, Chapter 106 and I will be required to file periodic campaign treasurer's reports as required by Florida Statute §106.07 with the Lee County Supervisor of Elections.

X Betty Goodacre
Signature of Candidate

6/16/08
Date

FS 106.021(1)(a) "No person shall accept any contribution or make any expenditure with a view to bringing about his or her nomination, election, or retention in public office, or authorize another to accept such contributions or make such expenditure on the person's behalf, unless such person has appointed a campaign treasurer and designated a primary campaign depository."

SCANNED

CANDIDATE FOR NON-PARTISAN OFFICE <small>(Sections 876.05-876.10, Florida Statutes)</small>	OFFICE USE ONLY
STATE OF FLORIDA <u>LEE</u> COUNTY	111651640 GOODACRE, MARRIAN ELIZABETH 874 OAK ST FORT MYERS BEACH FL 33931

I, <u>MARRIAN</u>	<u>.E.</u>	<u>GOODACRE</u>
<small>First Name</small>	<small>Middle Name/Initial</small>	<small>Last Name</small>

a citizen of the State of Florida and of the United States of America, . . . and a candidate for public office . . . do hereby solemnly swear or affirm that I will support the Constitution of the United States and of the State of Florida.

OATH OF CANDIDATE
(Section 99.021, Florida Statutes)

I, BETTY GOODACRE
(PLEASE PRINT NAME AS YOU WISH IT TO BE WRITTEN IN ON THE BALLOT - NAME MAY NOT BE CHANGED AFTER THE END OF QUALIFYING)

am a candidate for the office of FIRE COMMISSIONER, FT MYERS BCH Seat 2
(office) (district) (group)

My legal residence is 874 OAK ST. FT. MYERS BCH, LEE County, Florida. I am qualified under the Constitution and the Laws of Florida to hold the office to which I desire to be nominated or elected. I have qualified for no other public office in the state, the term of which office or any part thereof runs concurrent with the office I seek; and I have resigned from any office from which I am required to resign pursuant to Section 99.012, Florida Statutes.

X Betty Goodacre (239) 463-6487
Signature of Candidate Daytime Telephone Number

874 Oak St Fort Myers Beach FL 33931
Address City State ZIP Code

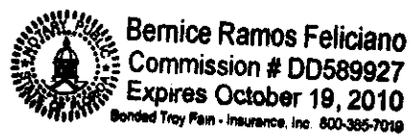
Sworn to (or affirmed) and subscribed before me this 16th day of June 20008

Personally Known: or

Produced Identification: _____

Type of Identification Produced: _____

Bernice R. Feliciano
Signature of Notary Public - State of Florida
Print, Type or Stamp Commissioned Name of Notary Public



SCANNED

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME :

MAILING 111651640
GOODACRE, MARRIAN ELIZABETH
874 OAK ST
FORT MYERS BEACH FL 33931

CITY :

NAME OF AGENCY :
Fort Myers Beach Fire Comm.

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Seat 2

You are not limited to the space on the lines on this form. Attach additional sheets, if necessary.

CHECK ONLY IF [] CANDIDATE OR [] NEW EMPLOYEE OR APPOINTEE

FOR OFFICE USE ONLY:

ORIGINAL

08JUN16PM1251 SDE L ee Co FI

BOTH PARTS OF THIS SECTION MUST BE COMPLETED

DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):

[x] DECEMBER 31, 2007 OR [] SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: _____

MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

[] COMPARATIVE (PERCENTAGE) THRESHOLDS OR [x] DOLLAR VALUE THRESHOLDS

PART A - PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME SOURCE'S ADDRESS DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY

SOCIAL SECURITY 45 Govt.

FTMYERS BCH FIRE COM. COMMISSIONER

PART B - SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY NAME OF MAJOR SOURCES OF BUSINESS' INCOME ADDRESS OF SOURCE PRINCIPAL BUSINESS ACTIVITY OF SOURCE

N/A.

PART C - REAL PROPERTY [Land, buildings owned by the reporting person]

N/A.

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

SCANNED

PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE

BUSINESS ENTITY TO WHICH THE PROPERTY RELATES

PART E — LIABILITIES [Major debts]
NAME OF CREDITOR

ADDRESS OF CREDITOR

PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses]

BUSINESS ENTITY # 1

BUSINESS ENTITY # 2

BUSINESS ENTITY # 3

NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

SIGNATURE (required):

Marian Goodacre

DATE SIGNED (required):

June 16/08

FILING INSTRUCTIONS:

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Blvd. South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

Initially, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.

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

OFFICE USE ONLY

FINAL REPORT

(1) BETTY GOODACRE
 Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931
 Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-2

Political Committee

CHECK IF PC DISBANDS

Committee of Continuous Existence

CHECK IF CO HAS DISBANDED

Party Executive Committee

Electioneering Communication

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

REVISED

(5) REPORT IDENTIFIERS

Cover Period: From 10/31/2008 To 2/2/2009 Report Type TR-4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00
 Loans \$ 0.00
 Total Monetary \$ 0.00
 In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 497.70
 Transfers to Office Account \$ 0.00
 Total Monetary \$ 497.70

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,070.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,170.00

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Betty Goodacre
 Signature

Betty Goodacre
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BETTY GOODACRE (2) I.D. Number 121

10/31/2008 through 2/2/2009

(3) Cover Period 10/31/2008 through 2/2/2009 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name BETTY GOODACRE

(2) I.D. Number 121

10/31/2008 through 2/2/2009

(3) Cover Period / / through / /

(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					
1/31/2009 / / 1	Southwest Florida Marine Insti, 1190 Main Street Ft. Myers Beach, FL 33931	donation of funds not spent 501(c)(3) to charity	MO		\$497.70
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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

(1) BETTY GOODACRE

Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

OFFICE USE ONLY 121
**FINAL
REPORT**

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-2

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 10/31/2008 To 2/2/2009 / Report Type TR-4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00

Loans \$ 0.00

Total Monetary \$ 0.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 497.70

Transfers to Office Account \$ 0.00

Total Monetary \$ 497.70

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,620.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,170.00

(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) Cathy Goodacre-Lee

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Cathy Goodacre-Lee
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Betty Goodacre

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Betty Goodacre
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name BETTY GOODACRE (2) I.D. Number 121
 (3) Cover Period 10/31/2008 through 2/2/2009 (4) Page 1 of 1

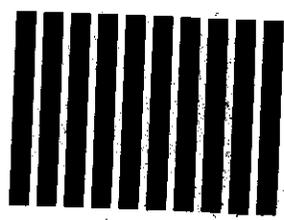
(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
1/31/2009 //	Southwest Florida Marine Insti, 1190 Main Street Pt. Myers Beach, FL 33931	donation of funds not spent 501(c)(3) to charity	MO		\$497.70
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Betty Goodacre
874 Oak St.
Ft. Myers Beach, FL
33931

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FT MYERS, FL 339
31 JAN 2003 PM 1 T

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT No. 1021 FORT MYERS, FL

POSTAGE WILL BE PAID BY ADDRESSEE

**SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS, FL 33902-9888**



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

OFFICE USE ONLY 121

(1) BETTY GOODACRE
Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number:

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-2

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

REVISED

(5) REPORT IDENTIFIERS

Cover Period: From 10/11/2008 To 10/30/2008 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 0.00
Loans \$ 0.00
Total Monetary \$ 0.00
In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 1,268.44
Transfers to Office Account \$ 0.00
Total Monetary \$ 1,268.44

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,070.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,672.30

(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)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Betty Goodacre
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Betty Goodacre
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BETTY GOODACRE (2) I.D. Number 121

(3) Cover Period 10/11/2008 through 10/30/2008 (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name BETTY GOODACRE

(2) I.D. Number 121

(3) Cover Period 10/11/2008 through 10/30/2008

(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					
10/25/2008 //	Super Cheap Signs, 9804 Gray Blvd. Austin, TX 78758	purchase of campaign signs	MO		\$258.36
1					
10/25/2008 //	Sandpaper, 2801 Estero Blvd. Fort Myers Beach, FL 33931	advertisi ng in newspaper	MO		\$275.00
2					
10/25/2008 //	Artype, Inc, 3530 Work Drive Fort Myers, FL 33916	flyers	MO		\$23.06
3					
10/25/2008 //	GBSI Information Services, 11515 Charles Terrace Fort Myers, FL 33907	postcards and postage	MO		\$426.90
4					
10/25/2008 //	Beach Observer, 19260 San Carlos Blvd. Ft. Myers Beach, FL 33931	ad in paper	MO		\$285.12
5					
//					
//					
//					
//					

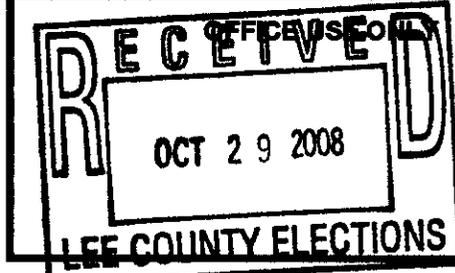
**FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) BETTY GOODACRE
Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED



121

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-2

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 10/11/2008 To 10/30/2008 Report Type G4

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>0.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>1,268.44</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>1,268.44</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 1,120.00

(10) TOTAL Monetary Expenditures To Date
\$ 1,672.30

(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) Cathy Goodacre-Lee
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Cathy Goodacre-Lee
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Betty Goodacre
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Betty Goodacre
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BETTY GOODACRE (2) I.D. Number 121

10/11/2008 through 10/30/2008

(3) Cover Period 10/11/2008 / 10/30/2008 through 10/11/2008 / 10/30/2008 (4) Page 1 of 0

(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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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BETTY GOODACRE

(2) I.D. Number 121

(3) Cover Period 10/11/2008 through 10/30/2008

(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					
10/25/2008 / /	Super Cheap Signs, 9804 Gray Blvd. Austin, TX 78758	purchase of campaign signs	MO		\$258.36
1					
10/25/2008 / /	Sandpaper, 2801 Estero Blvd. Fort Myers Beach, FL 33931	advertisi ng in newspaper	MO		\$275.00
2					
10/25/2008 / /	Artype, Inc, 3530 Work Drive Fort Myers, FL 33916	flyers	MO		\$23.06
3					
10/25/2008 / /	GBSI Information Services, 11515 Charles Terrace Fort Myers, FL 33907	postcards and postage	MO		\$426.90
4					
10/25/2008 / /	Beach Observer, 19260 San Carlos Blvd. Ft. Myers Beach, FL 33931	ad in paper	MO		\$285.12
5					
/ /					
/ /					
/ /					
/ /					

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

OFFICE USE ONLY

121

BETTY GOODACRE
874 OAK ST
FORT MYERS BEACH, FL 33931

FORT MYERS BEACH FIRE-2

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

Identification Number (Assigned by Division
of Elections)

Address (Number and Street)

Office Sought (Include District, Circuit or
Group Number)

City State Zip Code

- Candidate Committee of Continuous Existence Check box if address has changed since last report
- Political Committee Party Executive Committee Check here if PC or CCE has DISBANDED and will no longer file reports.

REVISED

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

PRIMARY ELECTION

GENERAL ELECTION

- January
- April
- July
- October

- 32nd day prior
- 18th day prior
- 4th day prior

- 46th day prior
- 32nd day prior
- 18th day prior
- 4th day prior

- TERMINATION REPORT
- SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

9/27/2008 through 10/10/2008 (G3)

X

Betty Goodacre
Signature

Date

- SIGNATURES REQUIRED FOR:
- Candidates
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
 - Political Committees
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
 - Committees of Continuous Existence
Treasurer (s. 106.04(4)(c), F.S.)
 - Party Executive Committees
Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

BETTY GOODACRE
874 OAK ST
FORT MYERS BEACH, FL 33931

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

Address (Number and Street)

City State Zip Code

Candidate

Committee of Continuous Existence

Check box if address has changed since last report.

Political Committee

Party Executive Committee

Check here if PC or CCE has DISBANDED and will no longer file reports.

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

January

April

July

October

PRIMARY ELECTION

32nd day prior

18th day prior

4th day prior

GENERAL ELECTION

46th day prior

32nd day prior

18th day prior

4th day prior

TERMINATION REPORT

SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

9/27/2008 through 10/10/2008 (G3)

X

Betty Goodacre / Cathy Goodacre-fee 10-15-08
Signature Date

SIGNATURES REQUIRED FOR:

Candidates

Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees

Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Committees of Continuous Existence

Treasurer (s. 106.04(4)(c), F.S.)

Party Executive Committees

Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

OFFICE USE ONLY

121

FORT MYERS BEACH FIRE-2

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

OBJECT 17 PM 0358 SDE LEE CO FL

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

OFFICE USE ONLY 121

**AMENDED
REPORT**

(1) BETTY GOODACRE
Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-2

Political Committee CHECK IF PC NAME DISCONTINUED

Committee of Continuous Existence CHECK IF OFFICE HAS DISCONTINUED

Party Executive Committee CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

Electioneering Communication

REVISED

(5) REPORT IDENTIFIERS

Cover Period: From 9/13/2008 To 9/26/2008 Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>100.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>100.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 2,170.00

(10) TOTAL Monetary Expenditures To Date
\$ 2,170.00

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)
 Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name)
 Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Betty Goodacre
Signature

X Betty Goodacre
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BETTY GOODACRE

(2) I.D. Number 121

9/13/2008 through 9/26/2008

(3) Cover Period / / through / /

(4) Page 1 of 0

(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
// /					
// /					
// /					
// /					
// /					
// /					

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

OFFICE USE ONLY 121

**AMENDED
REPORT
REVISED**

(1) BETTY GOODACRE
Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-2

Political Committee CHECK IF HAS DISCONTINUED

Committee of Continuous Existence CHECK IF HAS DISCONTINUED

Party Executive Committee

Electioneering Communication CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 9/13/2008 To 9/26/2008 / Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ -50.00

Loans \$ 0.00

Total Monetary \$ -50.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,450.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Betty Goodacre
Signature

(Type name)

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Betty Goodacre
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BETTY GOODACRE (2) I.D. Number 121

(3) Cover Period 9/13/2008 through 9/26/2008 (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
10/1/2008 / /	Myers, Thomas 2932 Estero Blvd. Ft. Myers Beach, FL 33931	I	realtor	CH		Delete	\$50.00
1							
10/1/2008 / /	Myers, Thomas 2932 Estero Blvd. Ft. Myers Beach, FL 33931	I	realtor	CH		Add	\$0.00
2							
/ /							
/ /							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BETTY GOODACRE

(2) I.D. Number 121

(3) Cover Period 9/13/2008 through 9/26/2008

(4) Page 1 of 0

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

(1) BETTY GOODACRE
Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-2

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 9/13/2008 To 9/26/2008 Report Type G2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>620.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>620.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>403.86</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>403.86</u>

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,120.00

(10) TOTAL Monetary Expenditures To Date

\$ 403.86

(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) Cathy Goodacre-Lee

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Cathy Goodacre-Lee
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) BETTY GOODACRE

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Betty Goodacre
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BETTY GOODACRE (2) I.D. Number 121

(3) Cover Period 9/13/2008 through 9/26/2008 (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
10/1/2008 / /	Myers, Thomas 2932 Estero Blvd. Ft. Myers Beach, FL 33931	I	realtor	CH			\$50.00
1							
9/16/2008 / /	Myers, Thomas 2932 Estero Blvd. Ft. Myers Beach, FL 33931	I	realtor	CH			\$50.00
2							
9/16/2008 / /	Babcock, Paula 320 Randy Lane Port Myers Beach, FL 33931	I	housewife	CA			\$20.00
3							
9/25/2008 / /	Union 1826, 2030 West First St. Ft. Myers, FL 33901	O	firefighters union	CH			\$500.00
4							
/ /							
/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name BETTY GOODACRE (2) I.D. Number 121
 (3) Cover Period 9/13/2008 through 9/26/2008 (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					
9/15/2008 //	Artype Signs & Printing, 3530 Work Drive Fort Myers, FL 33916	signs	MO		\$403.86
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FT MYERS FL 339

02 OCT 2008 PM 5 L

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST CLASS MAIL PERMIT NO. 1021 FORT MYERS, FL

POSTAGE WILL BE PAID BY ADDRESSEE

SUPERVISOR OF ELECTIONS

PO BOX 2545

FORT MYERS, FL 33902-9888

780C106PM0355 SDELEE Co FI

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

(1) BETTY GOODACRE
Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

OFFICE USE ONLY 121

(3) ID Number: _____

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-2

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC OR DISBANDED

CHECK IF CTE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

REVISED

(5) REPORT IDENTIFIERS

Cover Period: From 8/22/2008 To 9/12/2008 / Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,120.00

(10) TOTAL Monetary Expenditures To Date

\$ 2,170.00

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Betty Goodacre
Signature

X Betty Goodacre
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BETTY GOODACRE (2) I.D. Number 121
 8/22/2008 through 9/12/2008
 (3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
9/4/2008 / / 1	Union Local #1826, 2030 West First Street Suite C Fort Myers, FL 33901	0	firefight ers union	CH			\$500.00
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BETTY GOODACRE

(2) I.D. Number 121

8/22/2008 through 9/12/2008

(3) Cover Period / / through / /

(4) Page 1 of 0

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

OFFICE USE ONLY 121

(1) BETTY GOODACRE

Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-2

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

(3) ID Number:

**AMENDED
REPORT
REVISED**

CHECK IF C.F.S. DISBANDED

CHECK IF C.F.A. DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORT WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 8/22/2008 To 9/12/2008 Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 2,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(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)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Betty Goodacre
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

Betty Goodacre
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BETTY GOODACRE (2) I.D. Number 121

8/22/2008 through 9/12/2008

(3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
9/4/2008 / / 1	Florida Professional Firefight, 345 West Madison Street Tallahassee, FL 32301	O	firefight ers union	CH		Add	\$500.00
/ /							
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/ /							
/ /							
/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BETTY GOODACRE

(2) I.D. Number 121

(3) Cover Period 8/22/2008 through 9/12/2008

(4) Page 1 of 0

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

(1) BETTY GOODACRE

Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-2

Political Committee

Committee of Continuous Existence

Party Executive Committee

Electioneering Communication

CHECK IF PC HAS DISBANDED

CHECK IF CCE HAS DISBANDED

CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

OFFICE USE ONLY 121

(3) **Number:**

AMENDED REPORT

(5) REPORT IDENTIFIERS

Cover Period: From 8/22/2008 To 9/12/2008 / Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,620.00

(10) TOTAL Monetary Expenditures To Date

\$ 1,672.30

(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) Cathy Goodacre-Lee

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Cathy Goodacre-Lee
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Betty Goodacre

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Betty Goodacre
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BETTY GOODACRE (2) I.D. Number 121

(3) Cover Period 8/22/2008 through 9/12/2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation				
9/4/2008 / / 1	Florida Professional Firefight, 345 West Madison Street Tallahassee, FL 32301	0	firefight ers union	CH		Add	\$500.00
/ /							
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/ /							
/ /							

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name BETTY GOODACRE

(2) I.D. Number 121

8/22/2008 through 9/12/2008

(3) Cover Period / / through / /

(4) Page 1 of 0

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

OFFICE USE ONLY 121

(1) BETTY GOODACRE

Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931

Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE 2

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

REVISED

(5) REPORT IDENTIFIERS

Cover Period: From 8/22/2008 To 9/12/2008 / Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,500.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name)

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Betty Goodacre
Signature

X Betty Goodacre
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BETTY GOODACRE (2) I.D. Number 121
 8/22/2008 through 9/12/2008
 (3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
9/4/2008 / / 1	Union Local #1826, 2030 West First Street Suite C Fort Myers, FL 33901	O	firefight ers union	CH			\$500.00
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BETTY GOODACRE

(2) I.D. Number 121

8/22/2008 9/12/2008

(3) Cover Period / / through / /

(4) Page 1 of 0

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

OFFICE USE ONLY 121

**AMENDED
REPORT
REVISED**

(1) BETTY GOODACRE
Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Candidate (office sought): <u>FORT MYERS BEACH FIRE-2</u> | <input type="checkbox"/> CHECK IF PC HAS DISBANDED |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> CHECK IF PARTY HAS DISBANDED |
| <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> CHECK IF NO OTHER ELECTION OFFICER COMMUNICATION REPORTS WILL BE FILED |
| <input type="checkbox"/> Party Executive Committee | |
| <input type="checkbox"/> Electioneering Communication | |

(5) REPORT IDENTIFIERS

Cover Period: From 8/22/2008 To 9/12/2008 / Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks	\$	<u>-500.00</u>
Loans	\$	<u>0.00</u>
Total Monetary	\$	<u>-500.00</u>
In-Kind	\$	<u>0.00</u>

(7) EXPENDITURES THIS REPORT

Monetary Expenditures	\$	<u>0.00</u>
Transfers to Office Account	\$	<u>0.00</u>
Total Monetary	\$	<u>0.00</u>

(8) Other Distributions
\$ 0.00

(9) TOTAL Monetary Contributions To Date
\$ 1,500.00

(10) TOTAL Monetary Expenditures To Date
\$ 0.00

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Betty Goodacre
Signature

X Betty Goodacre
Signature

CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name BETTY GOODACRE (2) I.D. Number 121

8/22/2008 through 9/12/2008

(3) Cover Period / / through / / (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
9/4/2008 / / 1	Union Local #1826, 2030 West First Street Suite C Fort Myers, FL 33901	O	firefight ers union	CH		Delete	\$500.00
9/4/2008 / / 2	Union Local #1826, 2030 West First Street Suite C Fort Myers, FL 33901	O	firefight ers union	CH		Add	\$0.00
/ /							
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BETTY GOODACRE

(2) I.D. Number 121

(3) Cover Period 8/22/2008 through 9/12/2008

(4) Page 1 of 0

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

(1) BETTY GOODACRE
Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: _____

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-2

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 8/22/2008 To 9/12/2008 / Report Type G1

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 500.00

Loans \$ 0.00

Total Monetary \$ 500.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 500.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(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) Cathy Goodacre-Lee

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Cathy Goodacre-Lee
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) Betty Goodacre

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Betty Goodacre
Signature



WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

BETTY GOODACRE
874 OAK ST
FORT MYERS BEACH, FL 33931

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

Address (Number and Street)

City State Zip Code

- Candidate Committee of Continuous Existence
 Political Committee Party Executive Committee

OFFICE USE ONLY

121

FORT MYERS BEACH FIRE-2

Identification Number (Assigned by Division
of Elections)

Office sought (including District, Circuit or
Group Number)

REVISED

- Check box if address has changed since last report.
 Check here if PC or CCE has DISBANDED and will no longer file reports.

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

- January
 April
 July
 October

PRIMARY ELECTION

- 32nd day prior
 18th day prior
 4th day prior

GENERAL ELECTION

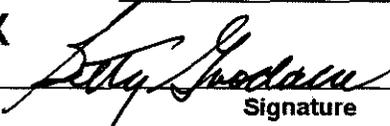
- 46th day prior
 32nd day prior
 18th day prior
 4th day prior

- TERMINATION REPORT
 SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

8/2/2008 through 8/21/2008 (F3)

X


Signature

Date

SIGNATURES REQUIRED FOR:

Candidates

Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Political Committees

Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)

Committees of Continuous Existence

Treasurer (s. 106.04(4)(c), F.S.)

Party Executive Committees

Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

WAIVER OF REPORT

(Section 106.07(7), F.S.)

(PLEASE TYPE)

BETTY GOODACRE
874 OAK ST
FORT MYERS BEACH, FL 33931

Candidate's Name (Last, Suffix, First, Middle)
OR Political Committee, CCE or Party Name

Address (Number and Street)

City State Zip Code

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Candidate | <input type="checkbox"/> Committee of Continuous Existence | <input type="checkbox"/> Check box if address has changed since last report. |
| <input type="checkbox"/> Political Committee | <input type="checkbox"/> Party Executive Committee | <input type="checkbox"/> Check here if PC or CCE has DISBANDED and will no longer file reports. |

OFFICE USE ONLY

121

FORT MYERS BEACH FIRE-2

Identification Number (Assigned by Division of Elections)

Office Sought (Include District, Circuit or Group Number)

TYPE OF REPORT (Check Appropriate Box)

QUARTERLY REPORTS

- January
- April
- July
- October

PRIMARY ELECTION

- 32nd day prior
- 18th day prior
- 4th day prior

GENERAL ELECTION

- 46th day prior
- 32nd day prior
- 18th day prior
- 4th day prior

TERMINATION REPORT

SPECIAL ELECTION

NOTIFICATION OF NO ACTIVITY IN CAMPAIGN ACCOUNT FOR THE REPORTING PERIOD OF

8/2/2008 through 8/21/2008 (F3)

Betty Goodacre / Cathy Goodacre-Lee 8/20/08
Signature Date

SIGNATURES REQUIRED FOR:

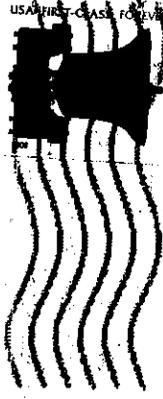
- Candidates**
Candidate, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
- Political Committees**
Chairman, Campaign Treasurer or Deputy Treasurer (s. 106.07(5), F.S.)
- Committees of Continuous Existence**
Treasurer (s. 106.04(4)(c), F.S.)
- Party Executive Committees**
Treasurer or Chairman (s. 106.29(2), F.S.)

In any reporting period when there has been no activity in the account (no funds expended or received) the filing of the required report is waived. However, the filing officer must be notified in writing on the prescribed reporting date that no report is being filed.

08SEP09PM1243 SDE Lee Co FI

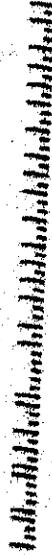
Betty Goodacre
874 Oak St.
Ft. Myers Beach,
FL 33931

08SEP09PM124350E L ee Co FI



Lee County Elections Office
P.O. Box 2545
Ft. Myers, FL 33902-2545

3390232545



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

OFFICE USE ONLY 121

(1) BETTY GOODACRE
Name

(2) 874 OAK ST, FORT MYERS BEACH, FL 33931
Address (number and street)

City, State, Zip Code

CHECK IF ADDRESS HAS CHANGED

(3) ID Number

(4) Check appropriate box(es):

Candidate (office sought): FORT MYERS BEACH FIRE-2

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

REVISED

(5) REPORT IDENTIFIERS

Cover Period: From 7/19/2008 To 8/1/2008 / Report Type F2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,000.00

Loans \$ 0.00

Total Monetary \$ 1,000.00

In-Kind \$ 0.00

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ 0.00

Total Monetary \$ 0.00

(8) Other Distributions \$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(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.

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

(Type name)

Candidate Chairperson (only for PC, PTY & electioneering commun. organization)

X Betty Goodacre
Signature

X Betty Goodacre
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BETTY GOODACRE (2) I.D. Number 121

(3) Cover Period 7/19/2008 through 8/1/2008 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type			
7/25/2008 / /	FL PROF FIREFIGHTERS, 345 W MADISON ST TALLAHASSEE, FL 32301	C	union	CH			\$500.00
1							
7/25/2008 / /	IAAF LOCAL 1826, 1601 LEE ST #100 FORT MYERS, FL 33901	O	union	CH			\$500.00
2							
/ /							
/ /							
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/ /							

CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name BETTY GOODACRE

(2) I.D. Number 121

(3) Cover Period 7/19/2008 through 8/1/2008

(4) Page 1 of 0

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

S.E. Lee Co FI

(1) BETTY GOODACRE
Name

(2) 874 OAK ST
Address (number and street)

FORT MYERS BEACH FL 33971
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 463-6487

(4) Check appropriate box(es):

- Candidate (office sought): FORT MYERS BEACH FIRE COMMISSION SEAT 2
- Political Committee
- Committee of Continuous Existence
- Party Executive Committee
- Electioneering Communication
- CHECK IF PC HAS DISBANDED
- CHECK IF CCE HAS DISBANDED
- CHECK IF NO OTHER ELECTIONEERING COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 07 / 19 / 08 To 08 / 01 / 08 Report Type F2

Original Amendment Special Election Report Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 1,000.00

Loans \$ _____

Total Monetary \$ 1,000.00

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 0.00

Transfers to Office Account \$ _____

Total Monetary \$ 0.00

(8) Other Distributions

\$ 0.00

(9) TOTAL Monetary Contributions To Date

\$ 1,000.00

(10) TOTAL Monetary Expenditures To Date

\$ 0.00

(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) BETTY GOODACRE

Individual (only for electioneering commun.) Treasurer Deputy Treasurer

X Betty Goodacre
Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name) BETTY GOODACRE

Chairperson (only for PC, PTY & electioneering commun. organization)

X Betty Goodacre
Signature

OFFICIAL USE ONLY

SCANNED

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name BETTY GOODACRE (2) I.D. Number _____

(3) Cover Period 07 / 19 / 08 through 08 / 01 / 08 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor		(9) Contribution	(10) In-kind	(11) Amendment	(12) Amount
(6) Sequence Number		Type	Occupation	Type	Description		Amount
07 / 25 / 08	FL PROFESSIONAL FIREFIGHTERS 345 WEST MADISON ST TALLAHASSEE FL 32301	C	UNION	CHE			500.00
1							
07 / 25 / 08	IAAF LOCAL 1826 1601 LEE ST #100 FORT MYERS FL 33901	O	UNION	CHE			500.00
2							
/ /							
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BUSINESS REPLY MAIL

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POSTAGE WILL BE PAID BY ADDRESSEE

**SUPERVISOR OF ELECTIONS
PO BOX 2545
FORT MYERS, FL 33902-9888**



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UNITED STATES

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