

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Marie Goodman
 Name
 (2) 18099 NW County Road 379A
 Address (number and street)
Bristol, FL 32321
 City, State, Zip Code

OFFICE USE ONLY
ONLINE SUBMISSION
 [1126413]
 Submitted on:
 9/13/2016 09:36:52 (eastern)

Check here if address has changed (3) ID Number: 114

(4) Check appropriate box(es):
 Candidate Office Sought: Tax Collector
 Political Committee (PC)
 Electioneering Communications Org. (ECO) Check here if PC or ECO has disbanded
 Party Executive Committee (PTY) Check here if PTY has disbanded
 Independent Expenditure (IE) (also covers an individual making electioneering communications) Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 8 / 26 / 2016 To 11 / 28 / 2016 Report Type: TR1
 Original Amendment Special Election 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 \$, , 70 . 84
 Transfers to Office Account \$, , 0 . 00
 Total Monetary \$, , 70 . 84

(8) Other Distributions
 \$, , 0 . 00

(9) TOTAL Monetary Contributions To Date
 \$, , 834 . 16

(10) TOTAL Monetary Expenditures To Date
 \$, , 834 . 16

(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 IE or electioneering comm.) Treasurer Deputy Treasurer

X _____
 Signature

(Type name) _____
 Candidate Chairperson (only for PC and PTY)

X _____
 Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Marie Goodman (2) I.D. Number 114

8/26/2016 through 11/28/2016

(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) 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 Marie Goodman

(2) I.D. Number 114

(3) Cover Period 8/26/2016 through 11/28/2016

(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					
9/13/2016 //	goodman, marie 18099 nw cr 379a bristol, fl 32321	reimbursement for gas	MO		\$70.84
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