

## CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Roxann Goodman  
 Name

(2) 391 W. Michigan Avenue  
 Address (number and street)

Lake Helen, FL 32744  
 City, State, Zip Code

**OFFICE USE ONLY**  
**ONLINE SUBMISSION**  
 [1228423]

Submitted on:  
 8/28/2020 20:20:40 (eastern)

Check here if address has changed

(3) ID Number: 693

(4) Check appropriate box(es):

- Candidate Office Sought: Lake Helen Commission Zone 2
- 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 / 14 / 2020 To 8 / 21 / 2020 Report Type: G1

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,      , 25 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 25 . 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 , 845 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,      2 , 030 . 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 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 Roxann Goodman (2) I.D. Number 693

(3) Cover Period 8/14/2020 through 8/21/2020 (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
8/18/2020 / /	McCray , pamela 37 Pocantico Avenue springfield, MA 01109	I	registered CH nurse				\$25.00
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## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Roxann Goodman

(2) I.D. Number 693

(3) Cover Period 8/14/2020 through 8/21/2020

(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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