

## 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**  
 [1236182]

Submitted on:  
 10/23/2020 21:19:04 (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 10 / 3 / 2020 To 10 / 16 / 2020 Report Type: G5

Original  Amendment  Special Election Report

**(6) Contributions This Report**

Cash & Checks \$      ,      , 100 . 00

Loans \$      ,      , 0 . 00

Total Monetary \$      ,      , 100 . 00

In-Kind \$      ,      , 110 . 00

**(7) Expenditures This Report**

Monetary Expenditures \$      ,      , 106 . 11

Transfers to Office Account \$      ,      , 0 . 00

Total Monetary \$      ,      , 106 . 11

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

**(9) TOTAL Monetary Contributions To Date**  
 \$      ,      3 , 890 . 00

**(10) TOTAL Monetary Expenditures To Date**  
 \$      ,      3 , 815 . 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 Roxann Goodman (2) I.D. Number 693  
 10/3/2020 through 10/16/2020  
 (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 Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number							
10/13/2020 / /	James, Lloyd PO Box 530095 Debary, FL 32753	I	retired	CH			\$100.00
1							
10/10/2020 / /	Reid, Yolanda 391 West Delaware ave Lake helen, FL 32744	I	hair dresser	IK	postage stamps		\$55.00
2							
10/16/2020 / /	Guilliams, Hermia 391 West Michigan ab Lake helen, FL 32744	I	retired	IK	stamps		\$55.00
3							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

**CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES**

(1) Name Roxann Goodman

(2) I.D. Number 693

(3) Cover Period 10/3/2020 through 10/16/2020

(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					
10/7/2020 / /	US Post Office, 104 E Michigan Avenue Lake Helen, FL 32744	postal stamps	MO		\$55.00
1					
10/7/2020 / /	Office Depot, 1472 n woodland blvd Deland, Fl 32720	printer ink	MO		\$51.11
2					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					