

## 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**  
 [1237773]

Submitted on:  
 10/30/2020 22:21:12 (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 / 17 / 2020 To 10 / 29 / 2020 Report Type: G6

Original  Amendment  Special Election Report

### (6) Contributions This Report

Cash & Checks \$      ,   1   , 590 . 00

Loans \$      ,      ,   0   . 00

Total Monetary \$      ,   1   , 590 . 00

In-Kind \$      ,      ,   0   . 00

### (7) Expenditures This Report

Monetary Expenditures \$      ,      , 250 . 00

Transfers to Office Account \$      ,      ,   0   . 00

Total Monetary \$      ,      , 250 . 00

### (8) Other Distributions

\$      ,      ,   0   . 00

### (9) TOTAL Monetary Contributions To Date

\$      ,   5   , 580 . 00

### (10) TOTAL Monetary Expenditures To Date

\$      ,   4   , 065 . 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  
 10/17/2020 through 10/29/2020  
 (3) Cover Period      /      /      through      /      /      (4) Page 1 of 2

(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		Type	Occupation				
10/18/2020 / /	Miller, Betrum 1181 Freedom Lane Winter Springs, FL 32708	I	retired	CH			\$50.00
1							
10/19/2020 / /	Bonnick, Karen 19nSilverbirch Place Whitby , oN L1R 1x5	I	nurse	CA			\$50.00
2							
10/19/2020 / /	Goring, Joslyn 19 Silverbirch Pl Whitby, oN L1R 1X5	I	retired	CA			\$50.00
3							
10/19/2020 / /	Miller, Bettye 1181 Freedom Ln Winter Springs, Fl 32708	I	retired	CA			\$50.00
4							
10/19/2020 / /	Guilliams Sr, Lloyd 4567 Kings hway Brooklyn , NY 11234	I	contractor	CA			\$50.00
5							
10/19/2020 / /	Guilliams, Shonet 4561 Kngs Highway Brooklyn , NY 11234	I		CA			\$50.00
6							
10/21/2020 / /	Russel, Carl 358 Lynden Blvd. Brooklyn, NY 11203	I	retired	CH			\$40.00
7							
10/21/2020 / /	CWA, 501 3rd street NW Washington , DC 20001	I	candidate committee	CH			\$500.00
8							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Roxann Goodman (2) I.D. Number 693  
 10/17/2020 through 10/29/2020  
 (3) Cover Period / / through / / (4) Page 2 of 2

(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		Type	Occupation	Type	Description	Amendment	Amount
10/26/2020 / /	Kimber, Kevin 2635 Captain Drive Deltona , FL 32738	I	retiree	CH			\$125.00
9							
10/26/2020 / /	Stidham, David 529 Land O Lakes CT Deland, FL 32724	I	cwa rep	CH			\$125.00
10							
10/20/2020 / /	Guilliams , Carlton 282 East 42nd St Brooklyn , NY 11203	I	retired	CH			\$500.00
11							
/ /							
/ /							
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/ /							
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/ /							

## CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Roxann Goodman

(2) I.D. Number 693

(3) Cover Period 10/17/2020 through 10/29/2020

(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					
10/28/2020 / /	Lawrence, Kristina 8090 Essex Point Circle Apt 2305 Orlando, Fl 32819	mailer design and concept	MO		\$250.00
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