

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

(1) Mike Goldman  
Name

(2) 10525 SE 42nd Court  
Address (number and street)

Belleview FL 34420  
City, State, Zip Code

OFFICE USE ONLY

CHECK IF ADDRESS HAS CHANGED

(3) ID Number: \_\_\_\_\_

(4) Check appropriate box(es):

Candidate (office sought): Commissioner Seat

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 08/01/11 To 09/01/11 Report Type Final

Original  Amendment  Special Election Report  Independent Expenditure Report

#### (6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ 100<sup>00</sup>

Loans \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

In-Kind \$ \_\_\_\_\_

#### (7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 100<sup>00</sup>

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

#### (8) Other Distributions

\$ \_\_\_\_\_

#### (9) TOTAL Monetary Contributions To Date

\$ 100<sup>00</sup>

#### (10) TOTAL Monetary Expenditures To Date

\$ 100<sup>00</sup>

#### (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) Mike J. Goldman  
 Individual (only for electioneering communication)  Treasurer  Deputy Treasurer

(Type name) Michael J. Goldman  
 Candidate  Chairperson (only for PC, PTY & electioneering communication organization)

X   
Signature

X   
Signature



### CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name Goldman Michael (2) I.D. Number \_\_\_\_\_  
 (3) Cover Period 8/15/11 through 9/1/11 (4) Page \_\_\_\_\_ of \_\_\_\_\_

(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
08/15/11	City of Alliance Qualifying		check		61 <sup>00</sup>
09/11/11	Michael Goldman	Annual Dispersals			39 <sup>00</sup>
11					
11					
11					
11					
11					
11					