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Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (in full) (Check if name is changed) Examples: If typing, type over the lines

12FE4M5

The Good Fund

ADDRESS (number and street) PO Box 3404

(Check if address is changed)

Alexandria VA 22302

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

2028637509

2. DATE 01 27 2005

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher J. Ward

Signature of Treasurer

Date 01 27 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2005)

5. TYPE OF COMMITTEE (Check One)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought: House Senate President State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund

(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

None

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

The Goos Fund

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name: **Christopher J. Ward**

Mailing Address: **6302 Massachusetts Ave**

Bethesda | **MD** | **20816** -

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: **Treasurer**

Telephone number ___ - ___ - ___

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: **Christopher J. Ward**

Mailing Address: **6302 Massachusetts Ave**

Bethesda | **MD** | **20816** -

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number ___ - ___ - ___

Full Name of Designated Agent: **Laura Bell**

Mailing Address: **PO Box 3404**

Alexandria | **VA** | **22302** -

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position ▼: **Asst. Treasurer**

Telephone number ___ - ___ - ___

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wachovia Bank

Mailing Address 1753 Pinnacle Dr

McLean VA 22102 -

CITY STATE ZIP CODE

25038710215

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

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PREPARER	1-31-05 DATE PREPARED

(5/2004)