

2011 JUN 20 AM 11:42

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Goodwin CD36

ADDRESS (number and street)

11009 WEST Fourth Street

(Check if address
is changed)

MADEIRA

CA

93637-14423

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

X (Check if address
is changed)

lgoodwin4cd36@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

lgoodwin4cd36.info

2. DATE

06 ' 14 ' 20 11

3. FEC IDENTIFICATION NUMBER

C00493213

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Loraine Goodwin

Signature of Treasurer



Date

06 ' 14 ' 20 11

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

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 02/2009)

11030614537

Candidate Committee:

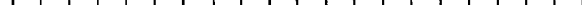
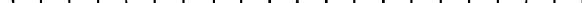


- Name of Candidate**

Name of Candidate

Political Action Committee (PAC):

- Joint Fundraising Representative:**

- ### Committees Participating in Joint Fundraiser

1.  FEC ID number **C**
2.  FEC ID number **C**
3.  FEC ID number **C**
4.  FEC ID number **C**

Write or Type Committee Name

Goodwin 4cd36

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

103061453

Goodman, Ed 36
Full Name of
Designated
Agent

Mailing Address

Title or Position

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.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

CMW
PREPARER
(3/2005)

6/20/11
DATE PREPARED

11030614541