THOMPSON HINE
ATLANTA CINCINNATI COLUMBUS NEW YORK
BRUSSELS CLEVELAND DAYTON WASHINGTON, D.C.

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2006 DEC 26 A 9:38

December 22, 2006

Federal Election Commission
999 E. Street, N.W.
Washington, DC 20463

RE: Thompson Hine National Good Government Program

To Whom It May Concern:

Enclosed please find our amended Statement of Organization, which reflects change of our name and provides you with our treasurer's e-mail address.

Please feel free to contact me should you have any further questions.

Thank you,

Sincerely,

Dale Cooper
Controller

Enclosure

THOMPSON HINE LLP
ATTORNEYS AT LAW
3900 Key Center
127 Public Square
Cleveland, Ohio 44114-1291
www.ThompsonHine.com
Phone 216.566.5500
Fax 216.566.5800

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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) [X] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

THOMPSON HINE NATIONAL GOOD GOVERNMENT FUND

ADDRESS (number and street) ▼ [ ] (Check if address is changed)

3900 KEY CENTER
127 PUBLIC SQUARE

CLEVELAND | OH | 44114 - 1291

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

michael.goldberg@thompsonhine.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

216 - 566 - 5800

2. DATE 12 / 21 / 2006

3. FEC IDENTIFICATION NUMBER ▶ C 00163196

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 Michael E. Goldberg

Signature of Treasurer

Date 12 / 21 / 2006

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 02/2003)

FE3AN042.PDF

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) ☒ 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

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

THOMPSON HINE NATIONAL GOOD GOVERNMENT 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

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: MICHAEL E. GOLDBERG

Mailing Address: 127 PUBLIC SQUARE
3900 KEY CENTER
CLEVELAND OH 44114-1291

Title or Position ▼: CFO

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 216-566-5522

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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		Next Business Day Delivery ☐
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☐	Other (Specify):	Date of Receipt or Postmarked

PREPARER — DATE PREPARED 12/26/06

(3/2005)