

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

Goodlander Victory Fund

ADDRESS (number and street)

600 Pennsylvania Ave SE

 (Check if address
is changed)

Unit 15180

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

goodlander@capcompliance.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

http://www.goodlander.org

2. DATE

MM / DD / YY
12 / 31 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00890137

4. IS THIS STATEMENT

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 Nissen, Melissa, , ,

Signature of Treasurer

Nissen, Melissa, , ,

Date

MM / DD / YY
12 / 31 / 2025NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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

Nissen, Melissa, , ,

Mailing Address

600 Pennsylvania Ave SE

Unit 15180

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

202 - 544 - 6960

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

Nissen, Melissa, , ,

Mailing Address

600 Pennsylvania Ave SE

Unit 15180

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

202 - 544 - 6960

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

Amalgamated Bank

Mailing Address

1825 K St NW

Washington

DC

20006

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. MAGGIE FOR CONGRESS
2.
3.
4.

FEC ID number

 C 000878454

FEC ID number

 C

FEC ID number

 C

FEC ID number

 C6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

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 ▲