FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	'	(See instruction		N					01	,				
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exar	nple: If typyi the lines	ng, type		12FI	=4M		fice use o	only			
Goddard for C	Congress	<u> </u>	1 1		1 1 1				1 1		1 1			Ш
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ADDRESS (number and	street) P.O.	Box 9460					ш		1.1	11				
(Check if addr is changed)		ner Robins					GA	<u>,</u>	<u>—</u> Ц	310)95 -	<u>ш</u>		Ш Ш
COMMITTEE'S E MA	II ADDDESS		CITY			5	STATE	•		Z	IP COL	DE 📥		
COMMITTEE'S E-MA	IL ADDRESS					•								. 1
COMMITTEE'S WEB	PAGE ADDRESS (U	<u> </u>												Щ
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<u> </u>			1 1		1 1 1	1	1 1	1 1	1 1	1 1	1 1	1 1	1	 .
COMMITTEE'S FAX N	NUMBER		•					•			•			
با لبنا														
2. DATE 0 6	D D / Y	2007 [°]												
3. FEC IDENTIFICA	ATION NUMBER	C	C 00	435875										
4. IS THIS STATEM	MENT NEW	I (N) OR	X	AMEN	DED (A)									
I certify that I have exam	ined this Statement and	to the best of my know	vledge an	d belief it is t	rue, correc	t and	comple	ete						
Type or Print Name of	Treasurer	inda Shingler												
Signature of Treasurer	Electronically File	d by Linda Shin	gler			D	ate	0	7 /	D 2	5 /	YY	20() 8 [°]
NOTE: Submission of fa		nplete information may								of 2 U.S	S.C. S4	37g.		
Office Use Only				For further Federal Elec Toll Free 80	ction Comr 0-424-953	missio					FOI			

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5.		COMMITTEE (Check One) Committee:								
	(a) X	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 information below.)	e the candidate							
	Name of Candidate	Richard Neil Goddard								
	Candidate Party Affilia	REP Office X House Senate President	State	GA 08						
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name of Candidate									
	Party Com									
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Par	rty.						
	Political A	ction Committee (PAC):								
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	e 6.) Its connected organization is a:							
		Corporation Corporation w/o Capital Stock	Labor Organization							
		Membership Organization Trade Association	Cooperative							
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted fund or party							
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
	Joint Fund	raising Representative:								
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political							
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political							
	Co	mmittees Participating in Joint Fundraiser								
		1. FEC ID number								
		2 FEC ID number C]						
		3 FEC ID number C								
		4. FEC ID number								
		FEC ID number C								

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Write or Type Committee Name			
Goddard for Congress			
6. Name of Any Connected Or	ganization, Affiliated Committee, Le	eadership PAC Sponsor or Join	t Fundraising Representative
Goddard-Georgia Victor	y Committee		
Mailing Address	PO Box 550008		
	Atlanta	___	A30355
	CITY	STAT	TE ▲ ZIP CODE ▲
Relationship:			
Connected Organization	Affiliated Committee	Leadership PAC Sponsor	X Joint Fundraising Representative
Mailing Address			
Title or Position ▼	CITY A	STAT	TEA ZIP CODE A
name and address of any	and address (phone number o designated agent (e.g., assista		ne committee; and the
Mailing Address	P.O. Box 158		
	Byron		A 31008 -
Title or Position ♥	CITY A	STA	TEA ZIP CODE A
Treasurer		Telephone number	478 _ 971 _ 3818

Full Name of Designated Agent Mailing Address	
Mailing Address	
Mailing Address	
Title or Position ▼ CITY A STATE A ZIP COI	DE A
Telephone number	
 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, r safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Suntrust Bank	ents
Mailing Address 125 S. Houston Lake Road	
Warner Robins GA 31088	
CITY A STATE A ZIP CO	DDE 🛕
Name of Bank, Depository, etc.	
	1
Mailing Address	
Mailing Address	
Mailing Address	-

Banks or Other Depositories: safety deposit boxes or maintain:	List all banks or other depositories in which the committee	e deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	Tunus.		[ADDITIONAL]
Sunmar	k Bank		1
Mailing Address	250 S. Houston Lake Road		
	Warner Robins	GA	31095
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Leadership PAC Sponso	r or Joint Fundrais	[ADDITIONAL] ing Representative
Mailing Address			
Relationship:	CITY▲	STATE	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC Sponso	or Joint Fun	draising Representative
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
			=
Title or Position ▼	CITY A	STATE₄	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant	<u>'</u>		[ADDITIONAL]
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