

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

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Office Use Only

1. NAME OF COMMITTEE (in full) ☒ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER

Dr. Lorraine Goodwin For Congress 2012

ADDRESS (number and street) 1009 W 4th Street

☐ (Check if address is changed)

Madera CITY CA 93637-4423 STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed) bavierovialley@hotmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed) drgoodwin.org

2. DATE 12/05/2012

3. FEC IDENTIFICATION NUMBER C00502567

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 Lorraine Goodwin

Signature of Treasurer *Lorraine Goodwin* Date 12/05/2012

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.

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

FEC FORM 1
(Revised 06/2012)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (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

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

District

CA
16

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

Name of Candidate

Party Committee:

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

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

☐ In addition, this committee is a Lobbyist/Registrant PAC.

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

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☒ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	Acad / Uke	FEC ID number	C00401224
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C

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Write or Type Committee Name

Dr Lorraine Goodwin For Congress 2014

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

None

Mailing Address

14 Airrow Street Suite 11Cambridge

CITY

MA

STATE

02138

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

Lorraine Goodwin

Mailing Address

1009 W 4th StreetMadera

CITY

CA

STATE

93637-1423

ZIP CODE

Title or Position

TreasurerTelephone number 559-481-1009

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 TreasurerLorraine Goodwin

Mailing Address

1009 W 4th StMadera

CITY

CA

STATE

93637-1423

ZIP CODE

Title or Position

TreasurerTelephone number 559-481-1009

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Federal Election Commission
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Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery

☐☐

Received from House Records & Registration Office

Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked


PREPARER

(3/2005)

12/10/12
DATE PREPARED

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