

HAND DELIVERED

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
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Office Use Only
FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

B o b G o o d r i c h D e m o c r a t f o r C o n g r e s s

ADDRESS (number and street)

4 4 1 7 B r o a d m o o r A v e S E

(Check if address
is changed)

K e n t w o o d M I 4 9 5 1 2 -

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

B o b @ B o b G o o d r i c h D e m o c r a t F o r C o n g r e s s . c o m

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

w w w . B o b G o o d r i c h D e m o c r a t F o r C o n g r e s s . c o m

2. DATE

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 4

3. FEC IDENTIFICATION NUMBER ►

C

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

Tosha Shenkenberg

Signature of Treasurer

Tosha Shenkenberg

Date

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 4

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 06/2012)

14031202444

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 B o b G o o d r i c h

Candidate Party Affiliation D E M Office Sought: ☒ House ☐ Senate ☐ President State M I District 0 3

- (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. _____ FEC ID number C

2. _____ FEC ID number C

3. _____ FEC ID number C

4. _____ FEC ID number C

14031202445

Write or Type Committee Name

Bob Goodrich Democrat for Congress

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

Treasurer

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

Treasurer

Telephone number

Full Name of
Designated
Agent

S u e H o w a r d

Mailing Address

4 4 1 7 B r o a d m o o r A v e S E

K e n t w o o d

CITY

M I

STATE

4 9 5 1 2 -

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.

M a c a t a w a B a n k

Mailing Address

1 5 7 5 6 8 t h S t S E

G r a n d R a p i d s

CITY

M I

STATE

4 9 5 0 8 -

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031202447

Sandler, Reiff, Young & Lamb, P.C.
1025 Vermont Avenue, N.W., Suite 300
Washington, DC 20005

Federal Election Commission
999 E Street, NW

Washington, DC 20463

Federal Election Commission
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Date of Receipt

4/1/14



USPS First Class Mail

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USPS Priority Mail

Postmarked



USPS Priority Mail Express

Postmarked



Postmark Illegible



No Postmark



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
(8/2013)

4/2/14

DATE PREPARED

14031202449