**FEC** 

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Margaret Good for Congress P.O. Box 5073 ADDRESS (number and street) (Check if address is changed) Sarasota 34277 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@margaretgood.com (Check if address is changed) Optional Second E-Mail Address compliance1@bluewavepolitics.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.margaretgood.com (Check if address is changed) DATE 2019 C00713222 FEC IDENTIFICATION NUMBER > 3. X 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. Haggard, Lora, , , Type or Print Name of Treasurer Haggard, Lora,,, [Electronically Filed] 12 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

EEC Form 1 (Pavisad 02/2000)	Daga <b>2</b>
FEC Form 1 (Revised 02/2009)  TYPE OF COMMITTEE	Page 2
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the cand	didate information below.)
(b) This committee is an authorized committee, and is NOT a principal ca information below.)	ampaign committee. (Complete the candidate
Name of Candidate Good, Margaret, Elizabeth Rowell, ,	
Candidate Party Affiliation  DEM  Office Sought:  House  Senat	te President State FL District 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 organical contents of the committee of the contents of t	anization on line 6.) Its connected organization is a
Corporation Corporation w/o Ca	apital 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, a committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor	or on line 6.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and dis committees/organizations, at least one of which is an authorized committee.	
(h) This committee collects contributions, pays fundraising expenses and disk committees/organizations, none of which is an authorized committee of a	·
Committees Participating in Joint Fundraiser	
1 FE	C ID number
2. <u>                                     </u>	C ID number
3.	C ID number
4.	C ID number

FEC <b>Form 1</b> (Revised 02/2009)		Page <b>3</b>
Write or Type Committee Name		i age <b>3</b>
Margaret Good for Congre	20	
		econtative or Leadership DAC Spencer
	r Committee, John Fundraising Repr	esentative, of Leadership PAC Sponsor
MARGARET GOOD VICTORY FUND		
499 SOUTH CAPITO	_ STREET, SW	
SUITE 407		
WASHINGTON		DC 20003
	CITY	STATE ZIP CODE
Relationship: Connected Organization Affil	ated Committee 🗶 Joint Fundraising	Representative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address books and records.</li> </ol>	(phone number optional) and position	on of the person in possession of committee
Haggard, Lora, , ,		
1100 Market Street		
Mailing AddressS400		
Chattanooga		TN 37402
Title or Position	CITY	STATE ZIP CODE
Treasurer	Telephone num	hber 423 - 443 - 3308
Treasurer: List the name and address (phone num any designated agent (e.g., assistant treasurer).	ber optional) of the treasurer of the	committee; and the name and address of
Full Name Haggard, Lora, , ,		
of Treasurer		
Mailing Address		
S400		
Chattanooga	OLTV	TN 37402
Title or Position Treasurer	CITY  Telephone num	STATE ZIP CODE  ber 423 - 443 - 3308 - 3308
I	•	ı

	1 (Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds see or maintains funds.  Depository, etc.  BANK OF AMERICA, NA	
safety deposit box	xes or maintains funds.  Depository, etc.	
safety deposit box	xes or maintains funds.  Depository, etc.	
safety deposit box Name of Bank, D	pepository, etc.  BANK OF AMERICA, NA	
safety deposit box Name of Bank, D	pepository, etc.  BANK OF AMERICA, NA	
safety deposit box Name of Bank, D	BANK OF AMERICA, NA  3303 S. Tamiami Trail  Sarasota  FL 34239	
safety deposit box Name of Bank, D Mailing Address	BANK OF AMERICA, NA  3303 S. Tamiami Trail  Sarasota  CITY  STATE	ZIP CODE
safety deposit box Name of Bank, D	BANK OF AMERICA, NA  3303 S. Tamiami Trail  Sarasota  CITY  STATE	
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	BANK OF AMERICA, NA  3303 S. Tamiami Trail  Sarasota  CITY  STATE	
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	BANK OF AMERICA, NA  3303 S. Tamiami Trail  Sarasota  CITY  STATE  STATE	
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	Repository, etc.  BANK OF AMERICA, NA  3303 S. Tamiami Trail  Sarasota  CITY  STATE  Amalgamated Bank	
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	BANK OF AMERICA, NA  3303 S. Tamiami Trail  Sarasota  CITY  STATE  1825 K Street, NW	
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	Repository, etc.  BANK OF AMERICA, NA  3303 S. Tamiami Trail  Sarasota  CITY  STATE  Amalgamated Bank	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_\_

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  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.    CITY ▲ STATE ▲ ZIP CODE ▲ STATE A ZIP CODE ▲ ZIP CODE ▲ STATE A ZIP CODE ▲ ZIP CODE A ZIP	or(h). <b>Joint</b>	Fundraising	Participant:										
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons TIE BREAKER CANDIDATE FUND  Mailing Address  600 PENNSYLVANIA AVE SE # 15180  WASHINGTON  Relationship:  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spons Tate  Leadership PAC Spons Tate  Leadership PAC Spons Tate  Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Mailing Address  Name of Bank, Depository, etc.  Mailing Address	1						FEC ID	number	С				
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spons TIE BREAKER CANDIDATE FUND  Mailing Address  600 PENNSYLVANIA AVE SE # 15180  WXSHINGTON  Relationship:  CITY A STATE A ZIP CODE A  Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sp  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION V CITY A STATE A ZIP CODE A  Telephone Number — Telephone Number — optional States 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	2.						FEC ID	number	С				
Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Spons TIE BREAKER CANDIDATE FUND    Mailing Address	3.						FEC ID	number	С				
TIE BREAKER CANDIDATE FUND  Mailing Address  600 PENNSYLVANIA AVE SE # 15180  WASHINGTON  Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sp  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  Title Or Popositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents salety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Mailing Address	4.						FEC ID	number	С				
TITE BREAKER CANDIDATE FUND  Mailing Address  600 PENNSYLVANIA AVE SE # 15180  WASHINGTON  Relationship:  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sp  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number – – – – — — — — — — — — — — — — — — —													
Mailing Address    GOO PENNSYLVANIA AVE SE # 15180					ittee, Join	t Fundrai	sing Rep	resentativ	e, or L	eadersl	nip PA	AC Sp	onsor
Mailing Address  WASHINGTON  DC 20003  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership PAC Sp  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TiTLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  Title OR Positions: 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		AKER CAN	NDIDATE F	UND									
Malling Address  WASHINGTON  Relationship:  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization													
Malling Address  WASHINGTON  Relationship:  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization			600 PENNSYL\	/ANIA AVE SE	# 15180								
Relationship:  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership PAC Sp  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  Telephone Number  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	Mailing Ad	ddress											
Relationship:  CITY ▲ STATE ▲ ZIP CODE ▲  Connected Organization  Affiliated Committee  X Joint Fundraising Representative  Leadership PAC Sp  Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲  Telephone Number  Telephone Number  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													
Connected Organization  Affiliated Committee			WASHINGTON					DC	2	0003		- 🖳	
Designated Agent: Identify by name, address (phone number – optional)  Full Name  Mailing Address  TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  Telephone Number  Telephone Number  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	Relationsh	nip:		CITY	<b>A</b> .			STATE A		Z	IP CO	DDE 🗸	<b>\</b>
TITLE OR POSITION   CITY   STATE   ZIP CODE   Telephone Number   Telephone Number   How the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Mailing Address		Connected C	Organization	Affiliated Con	nmittee	✗ Joint F	undraising	Represent	alive	Lea	idersni	p PAC	Spons
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							undraising	Hepresent		Lea	ldersni	p PAC	Spons
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	Full Name	ent: Identify b					undraising	Hepresent	alive	Lea		p PAC	Spons
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	Full Name	ent: Identify b					undraising	Hepresent	alive	Lea		p PAC	Spons
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	Full Name	ent: Identify b					undraising	Hepresent	alive	Lea		- L	Spons
safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Mailing Address	Full Name Mailing Add	ent: Identify b	y name, addres	s (phone num					alive				Spons
	Full Name Mailing Add	ent: Identify b	y name, addres	s (phone num		onal)		STATE A	alive				Spons
OT	Full Name  Mailing Add  TITLE OR  Banks or Othe safety deposit but the safety deposit but t	ent: Identify b	y name, addres	s (phone num	ber – optio	onal)	phone Nu	STATE A		ZIF	P COL	- L	

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(a)	or(h). <b>Joint Fundraisin</b>	g Participant:		
<b>(9)</b>	1.	,	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	С
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e. or Leadership PAC Sponsor
		DMENT DEFENDERS FUND	3 4	,
	Mailing Address	PO BOX 5418		
	-			
		TAKOMA PARK	ı ı MD ı	20913
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
			Fundraising Representa	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
			1 1 . 1	1
	TITLE OF FOOITION	_ CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	1	Jankana Niverban	[=] [=] [
			elephone Number	
a	Ranks or Other Denositor	ine. List all hanks or other depositories in which	the committee denosit	e funde holde accounte rente
9.	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
9.	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank,	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents
9.	Name of Bank, Depository, etc.	ries: List all banks or other depositories in which intains funds.	the committee deposit	s funds, holds accounts, rents

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundra</b>	aising Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connec	cted Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
FLORIDA DEN	MOCRATIC MAJORITY		
	400 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Mailing Address	499 S CAPITOL ST SW		
	SUITE 407		
	WASHINGTON	DC	20003
	CITY ▲ ected Organization Affiliated Committee   Affiliated Committee   onumber – optional)	STATE ▲  Dint Fundraising Representa	ZIP CODE ▲ ative Leadership PAC Sp
Conn	ected Organization Affiliated Committee		_
Conn	ected Organization Affiliated Committee		
Conn  Pesignated Agent: Ide  Full Name	ected Organization Affiliated Committee		
Connuesignated Agent: Ide	ected Organization Affiliated Committee		
resignated Agent: Ide Full Name Mailing Address	ected Organization Affiliated Committee   entify by name, address (phone number – optional)		
Conn  Pesignated Agent: Ide  Full Name	ected Organization Affiliated Committee   entify by name, address (phone number – optional)	pint Fundraising Representation	Leadership PAC Spo