

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION MAIL ROOM
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1. (a) NAME OF COMMITTEE IN FULL Goodnight For Congress	(Check if name is changed)	2. DATE 12-1-99
(b) Number and Street Address 1025 WEST WALNUT	(Check if address is changed)	3. FEC Identification Number to be assigned
(c) City, State and ZIP Code Kokomo, Indiana 46901		4. Is This Report An Amendment? ☐ YES ☒ NO

5. TYPE OF COMMITTEE (Check one)

- ☒ (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
Greg Goodnight | Candidate Party Affiliation
Democrat | Office Sought
U.S. Representative | State/District
Ind.-5 |
|--|--|---|---------------------------------|
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- ☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- ☐ Corporation ☐ Corporation with Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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: **Stephen M. Geiselman** Mailing Address: **1216 W. Boulevard, Kokomo, IN 46902** Title or Position: **Treasurer**

B. 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., registered fundraiser).
Full Name: **Stephen M. Geiselman** Mailing Address: **1216 W. Blvd. Kokomo, IN 46902** Title or Position: **Treasurer**

B. 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.: **First National Bank & Trust** Mailing Address and ZIP Code: **322 North Main St P.O. Box 9012 Kokomo, IN 46904-9012**

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 Stephen M. Geiselman	SIGNATURE OF TREASURER Stephen M. Geiselman	DATE 12-1-99
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9630
Local 202-894-1100

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FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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SL
PREPARER

12-8-99
DATE PREPARED