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FEC
FORM 1

STATEMENT OF ORGANIZATION

Editor Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. : 12FE4MB

GOODMAN FOR CONGRESS, INC

ADDRESS (number and street)

2201 CENTER AV

(Check if address is changed)

NORTHBROOK

IL 60062-4578

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

LEE@LEEFORME.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.LEEFORME.COM

COMMITTEE'S FAX NUMBER

847-564-8986

2. DATE

3. FEC IDENTIFICATION NUMBER

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

David Botris

Signature of Treasurer

Date: 01 25 2004

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					
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For further information contact:
Federal Election Commission
Toll Free 800-424-9600
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FEC Form 1 (Revised 02/2003)

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

LEE GOODMAN

Candidate
Party Affiliation

DEM

Office
Sought☒

House

Senate

President

State

IL

District

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

Name of
Candidate

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

- (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 party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/ Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

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Write or Type Committee Name

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

TREASURER

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the institution, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

DAVID BORRIS

Mailing Address

1365 SHERWOOD ROAD

RICHMOND PARK

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

* 847-831-3583

Full Name of
Designated
Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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- 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.

THE PRIVATE BANK

Mailing Address

1000 GREEN BAY ROAD

WINNETKA

IL

60093

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

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