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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Virgil Goode for President

ADDRESS (number and street)

235 South Main Street

(Check if address
is changed)

Rocky Mount

VA

24151

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address):

(Check if address
is changed)

virgilgoodejr@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.goodeforpresident2012.com

2. DATE

03 23 2012

3. FEC IDENTIFICATION NUMBER

C00512657

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

Lucy Goode

Signature of Treasurer

Lucy Goode

Date

03 23 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.

Office
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Only

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

FEC FORM 1
(Revised 02/2009)

12030761704

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: CON _____ Office Sought: House Senate President State: _____ District: _____

- (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

12030761705

Write or Type Committee Name

Virgil Goode for President

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

Lucy D. Goode

Mailing Address

235 South Main Street

Rocky Mount VA 24151 - _____

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 540 - 483 - 9030

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

Lucy D. Goode

Mailing Address

235 South Main Street

Rocky Mount VA 24151 - _____

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 540 - 483 - 9030

12030761706

Full Name of Designated Agent

[Empty field for Full Name of Designated Agent]

Mailing Address

[Empty field for Mailing Address]

[Empty field for Mailing Address]

[Empty field for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Empty field for Title or Position]

Telephone number

[Empty field for 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.

Suntrust Bank

Mailing Address

260 South Main Street

[Empty field for Mailing Address]

Rocky Mount

VA

24151

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty field for Name of Bank, Depository, etc.]

Mailing Address

[Empty field for Mailing Address]

[Empty field for Mailing Address]

[Empty field for Mailing Address]

CITY

STATE

ZIP CODE

12030761707

Federal Election Commission
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Other (Specify): Date of Receipt or Postmarked



PREPARER
(3/2005)

3/28/12
DATE PREPARED

12030761708