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Image# 202103269442267768

FEC FORM 2

STATEMENT OF CANDIDACY

1 /	a) Name of Candidate (in full)									
1. (Good, Robert, G., ,									
	b) Address (number and street)	Charle if address abanced				2. Condidate's FFC Identification Number				
(PO Box 117	☐ Check if address changed				Candidate's FEC Identification Number H0VA05160				
(c) City, State, and ZIP Code					3. Is This	Ne	ew		Amended
	Lovingston		VA	A 2294	9-0117	Stateme	ent (N) OR	×	(A)
4. I	Party Affiliation	5. Office Sou	ght		6. State & Dist	trict of Candida	ate			
	REPUBLICAN PARTY	House			VA	05				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE										
7. I	hereby designate the following na	med political co	ommittee as n	ny Principal (Campaign Comr		2022 (year of elec		tion(s).	
	NOTE: This designation should be	filed with the ap	opropriate offi	ice listed in t	ne instructions.					
(a) Name of Committee (in full)									
	Good For Congress	8								
(b) Address (number and street)									
	PO Box 117									
(c) City, State, and ZIP Code									
	Lovingston				VA	22949-	0117			
	DI	ESIGNATIO	N OF OT	HER AU	THORIZED	COMMITT	ΓEES			
		((Including Joir	nt Fundraisin	g Representativ	ves)				
a I	hereby authorize the following na	med committee	which is NO	T my princip	al campaign con	mmittee to rec	eive and evi	and fund	s on hal	half of my
	candidacy.		, WIIIOII 13 140	i my pimoip	ar campaign cor	minitoo, to roo	cive and exp	ociia iana	3 011 501	idii oi iiiy
ı	NOTE: This designation should be	filed with the pr	incipal campa	aign committ	ee.					
	a) Name of Committee (in full)									
`	Cruz 20 for 20 Victor	orv Fund								
	3142 20 101 20 1101	ory r arra								
(b) Address (number and street) P. O. Box 341027									
	1.0.000 341027									
(c) City, State, and ZIP Code									
	Austin				TX	78734				
	I certify that I have ex	amined this Sta	tement and to	n the hest of	my knowledge a	and helief it is t	true correct	and comr	olete	
Sia	nature of Candidate		tomoni ana ic		my knowledge a	Date		and comp	,,,,,,,	
						Date				
Goo	od, Robert, G., ,			[Elec	tronically Filed]	03/26/202	1			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.										
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FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	Thereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	Take Back The House 2022 (b) Address (number and street) PO Box 30844								
	(c) City, State, and ZIP Code Bethesda MD 20824-0844	_							
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								