

# FEC FORM 2

## STATEMENT OF CANDIDACY

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2006 APR -5 A 8:42

|                                                                |                                        |                                                                                                          |
|----------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. (a) Name of Candidate (in full)<br><b>JOEL GOODMAN</b>      |                                        | 2. Identification Number<br><b>TO BE ASSIGNED</b>                                                        |
| (b) Address (number and street)<br><b>300 BUFFALO ST</b>       |                                        | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| (c) City, State, and ZIP Code<br><b>JOHNSON CITY, TN 37604</b> |                                        |                                                                                                          |
| 4. Party Affiliation<br><b>DEMOCRAT</b>                        | 5. Office Sought<br><b>HOUSE, U.S.</b> | 6. State & District of Candidate<br><b>TN 01</b>                                                         |

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the **2006** election(s).  
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

|                                                                     |
|---------------------------------------------------------------------|
| (a) Name of Committee (in full)<br><b>JOEL GOODMAN FOR CONGRESS</b> |
| (b) Address (number and street)<br><b>300 BUFFALO ST</b>            |
| (c) City, State, and ZIP Code<br><b>JOHNSON CITY, TN 37604</b>      |

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

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.

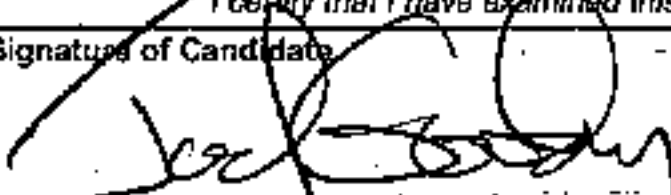
|                                 |
|---------------------------------|
| (a) Name of Committee (in full) |
| (b) Address (number and street) |
| (c) City, State, and ZIP Code   |

### DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

|    |             |                               |
|----|-------------|-------------------------------|
| 9A | <b>0.00</b> | for the primary election, and |
| 9B | <b>0.00</b> | for the general election.     |

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

|                                                                                                                            |                          |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------|
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. |                          |
| Signature of Candidate<br>              | Date<br><b>28 MAR 06</b> |

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. 02/2003)

COPY SENT TO: DAVID DAULS FOR CONGRESS  
2016 HORTONWOOD DRIVE, J.C. TN 37601

26059023768

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

|                                                                                  |                               |
|----------------------------------------------------------------------------------|-------------------------------|
| <input type="checkbox"/> Hand Delivered                                          | Date of Receipt               |
| <input checked="" type="checkbox"/> USPS First Class Mail                        | Postmarked<br><i>3/28/06</i>  |
| <input type="checkbox"/> USPS Registered/Certified                               | Postmarked (R/C)              |
| <input type="checkbox"/> USPS Priority Mail                                      | Postmarked                    |
| Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/> |                               |
| <input type="checkbox"/> USPS Express Mail                                       | Postmarked                    |
| <input type="checkbox"/> Postmark Illegible                                      |                               |
| <input type="checkbox"/> No Postmark                                             |                               |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                   | Shipping Date                 |
| Next Business Day Delivery <input type="checkbox"/>                              |                               |
| <input type="checkbox"/> Received from House Records & Registration Office       | Date of Receipt               |
| <input type="checkbox"/> Received from Senate Public Records Office              | Date of Receipt               |
| <input type="checkbox"/> Received from Electronic Filing Office                  | Date of Receipt               |
| <input type="checkbox"/> Other (Specify):                                        | Date of Receipt or Postmarked |

*[Signature]*  
PREPARER

*4/5/06*  
DATE PREPARED