FEC FORM 1	STATEMEN ORGANIZA		Office Use Only	PAGE 1 / 4 ——
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Good For Cong				
	PO Box 117			
ADDRESS (number and street				
<ul><li>(Check if address is changed)</li></ul>	Lovingston └ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │ │		VA     22949-0117       STATE ▲     ZIP 0	
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address is changed)	Info@BobGoodForCongr			
	Optional Second E-Mail Addre			1
(Check if address is changed)	BobGoodForCongress.com			
2. DATE 10	02 / Y Y Y Y 02 2019			
3. FEC IDENTIFICATION	NUMBER ► C COO	721308		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
I certify that I have examine	d this Statement and to the best of	my knowledge and belief it	is true, correct and complete.	
Type or Print Name of Treas	urer Dolan, David, , ,			
Signature of Treasurer	olan, David, , ,	[Electronically Filed]	Date 10 / 02	Y Y Y Y 2019
NOTE: Submission of false, er	roneous, or incomplete information ma ANY CHANGE IN INFORMATION			2 U.S.C. §437g.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		

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	FEC Fo	rm 1 (Revised 02/2009) Page 2
TYP	E OF C	OMMITTEE
Car	ndidate	e 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.)
Nam Cano	ie of didate	Good, Robert, , ,
	didate y Affiliati	on REP Office Sought: X House Senate President District 05
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Nam Cano	ie of didate	
Par	ty Con	nmittee:
(d)		This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
Poli	itical A	ction 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.)
Join	nt Fund	Iraising 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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	FEC ID number

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FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

## **Good For Congress**

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 Jo	int Fundraising Represen	tative Leadership PAC Sponsor
7. Custodian of Records: Ident books and records.	ify by name, address (phone number optio	nal) and position of the	person in possession of committee
Dixon, Mari	an,,,		
Full Name	PO Box 117		
			22949-0017

 Title or Position
 CITY
 STATE
 ZIP CODE

 \_\_\_\_\_\_
 \_\_\_\_\_\_
 \_\_\_\_\_\_
 \_\_\_\_\_\_
 \_\_\_\_\_\_
 \_\_\_\_\_\_
 5953

 \_\_\_\_\_\_
 Telephone number
 \_\_\_\_\_\_\_
 \_\_\_\_\_\_\_
 \_\_\_\_\_\_\_
 5953

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	Dolan, David, , ,
Mailing Address	7331 Timberlake Rd, Ste 203
	Lynchburg
	CITY STATE ZIP CODE
Title or Position	434      665      2205

FEC Form 1 (Revised 02/2009)

																							_
Full Name of Designated Agent				 																			
Mailing Address																							
					CI	TΥ								STA	ΛΤΕ			ZIF	D C	OD	Е		
Title or Position																							
									Tele	eph	one	e ni	umt	ber									

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.

Atlant	ic Union Bank		
Mailing Address	124 Main Street		
			22949
	CITY	STATE	ZIP CODE
Name of Bank, Depository	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE