12/04/2005 13 : 32

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Committee for a Livable Future

ADDRESS (number and street)

921 SW Washington #810

(Check if address is changed)

Portland | OR | 97205 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

stanm@c-esystems.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.livpac.com

COMMITTEE'S FAX NUMBER

5032950670

2. DATE 12 04 2005

3. **FEC IDENTIFICATION NUMBER** C C00323352

4. IS THIS STATEMENT NEW (N) OR X 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 Julia Pomeroy

Signature of Treasurer Electronically Filed by Julia Pomeroy Date 12 04 2005

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				

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

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

Candidate Party Affiliation

Office Sought: House Senate President

State District

(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) X 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

Blumenauer Century Fund

Mailing Address PO Box 1386

Portland OR 97207 -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint fundraising committee

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

Committee for a Livable Future

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: Stan Matthews

Mailing Address: 921 SW Washington Suite 810

Portland (CITY ▲) OR (STATE ▲) 97205 – (ZIP CODE ▲)

Title or Position ▼: custodian of records

Telephone number: 503 – 228 – 2525

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: Julia Pomeroy

Mailing Address: 921 SW Washington Suite 810

Portland (CITY ▲) OR (STATE ▲) 97205 – (ZIP CODE ▲)

Title or Position ▼

Telephone number: – –

Full Name of Designated Agent

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲ –

Title or Position ▼

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.

Key Bank

Mailing Address 444 SW Fifth Ave

Portland OR 97204 -

CITY STATE ZIP CODE

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. **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Good Government without Delay

Mailing Address 232 NE 9TH AVENUE

Portland OR 97232

CITY STATE ZIP CODE

Relationship Joint fundraising

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ – _____ – _____