

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

COUNCIL FOR A LIVEABLE WORLD-VETERANS ALLIANCE FOR SECURITY AND DEMOCRACY PAC (CLW-VETPAC)

ADDRESS (number and street)

322 4TH STREET, NE

(Check if address is changed)

WASHINGTON

DC

20002

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

ecb20901@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

MM / DD / YYYY
01 / 10 / 2008

3. FEC IDENTIFICATION NUMBER

C C00396820

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

Mr. John D. Isaacs

Signature of Treasurer

Electronically Filed by Mr. John D. Isaacs

Date

MM / DD / YYYY
01 / 10 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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) 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

Council for a Livable World _____

Mailing Address **322 4th Street, NE** _____

Washington **DC** **20002** - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **connected organizati** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

COUNCIL FOR A LIVEABLE WORLD-VETERANS ALLIANCE FOR SECURITY AND DEMOCRACY PAC (CLW-VETPAC)

- 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

Mailing Address _____

_____ - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

- 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 **Mr. John D. Isaacs**

Mailing Address **2018 Pierce Mill Road, NW**

Washington **DC** **2010** - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number **202** - **543** - **4100**

Full Name of Designated Agent **Mr. John D. Isaacs**

Mailing Address **2018 Pierce Mill Road, NW**

Washington **DC** **2010** - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number **202** - **543** - **4100**

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.

PNC Bank

Mailing Address

P.O. Box 1912

Washington

DC

20014

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

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]

Mailing Address

__

____-

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name | **E. Cooper Brown** |

Mailing Address | **905 Malcolm Drive** |

| **Silver Spring** | **MD** | **20901** - |

Title or Position ▼ | **Assistant Treasurer** | CITY ▲ | STATE ▲ | ZIP CODE ▲

| **301** | **904** | **5969** | Telephone number - -