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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12 FEB 4 2005

PROSPERITY PAC

ADDRESS (number and street)

3620 SOUTH TAYLOR STREET

(Check if address is changed)

ARLINGTON

VA

22206

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

10 11 2002

3. FEC IDENTIFICATION NUMBER ▶

C00377689

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

ADD

ASST. TREAS.

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

MARTIN MCGUINNESS

Signature of Treasurer

*Martin McGuinness*

Date

10 11 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437c.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:  
Federal Election Commission  
Tel: Four 800-424-9530  
Local 202-654-1130

FEC FORM 1  
(Revised 1/01)

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

None

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Name or Type Committee Name

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 MARTIN MCGUINNESS

Mailing Address 3620 SOUTH TAYLOR STREET  
ARLINGTON VA 22206

Title or Position TREASURER CITY VA STATE VA ZIP CODE 22206

Telephone number 202-721-0364

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 SEE #7 ABOVE

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent MICHAEL RUBIN

Mailing Address 1020 19TH STREET NW SUITE 700  
WASHINGTON DC 20036

Title or Position ASSISTANT TREASURER CITY DC STATE DC ZIP CODE 20036

Telephone number 202-429-3105

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.

CITI BANK FSB

Mailing Address

1000 CONNECTICUT AVE NW

WASHINGTON

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲


STATE ▲

ZIP CODE ▲

Federal Election Commission

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