

**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

PROSPERITY PAC

ADDRESS (Home or street)

429 North Saint Asaph

(Check if address is changed)

Alexandria

VA

22314

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-883-8702

2. DATE M M / D D / Y Y Y Y  
02 / 01 / 2006

3. FEC IDENTIFICATION NUMBER C C00377689

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 Jeffrey S Livingston

Signature of Treasurer Electronically Filed by Jeffrey S Livingston

Date M M / D D / Y Y Y Y  
02 / 01 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-894-1100**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
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- (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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

**PROSPERITY PAC**

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 Jeffrey S Livingston

Mailing Address 429 North Saint Asaph

Alexandria VA 22314 -       
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
Treasurer Telephone number 703 - 683 - 6703

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 Jeffrey S Livingston

Mailing Address 429 North Saint Asaph

Alexandria VA 22314 -       
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
Treasurer Telephone number 703 - 683 - 6703

Full Name of Designated Agent Nancy Margaret Ray

Mailing Address 429 North Saint Asaph

Alexandria VA 22314 -       
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
Assistant treasurer Telephone number 703 - 683 - 6703

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.

Citibank

Mailing Address

1000 Connecticut Avenue NW

Washington

DC

20036 -

CITY Δ

STATE Δ

ZIP CODE Δ