

**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 LIVABLE WORLD

ADDRESS (Number and street) 110 MARYLAND AVENUE, NE

(Check if address is changed) WASHINGTON DC 20002

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

c/w@clw.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.clw.org

2. DATE 10 / 05 / 2001

3. FEC IDENTIFICATION NUMBER C00029165

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 John D. Isaacs - Asst. Treasurer

Signature of Treasurer Electronically Filed by John D. Isaacs - Asst. Treasurer Date 10 / 05 / 2001

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

Write or Type Committee Name

COUNCIL FOR A LIVABLE WORLD

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 **John D. Isaacs - Asst. Treasurer**

Mailing Address **110 Maryland Avenue, NE**

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

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer _____ Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

