

FEC FORM 1

STATEMENT OF ORGANIZATION

EMERSON CENTER
25TH MAY 10 AM '01

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Exempt if typing type over the lines

12PB4MS

DEMOCRACY PREVAILS

ADDRESS (number and street)

P.O. BOX 73

(Check if address is changed)

RAINEY VA 24149

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

INFO@DEMOCRACYPREVAILS.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

HTTP://WWW.DEMOCRACYPREVAILS.ORG

COMMITTEE'S FAX NUMBER

2. DATE

05 15 2004

3. FEC IDENTIFICATION NUMBER

C

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

KAMI RAZVAN

Signature of Treasurer

Date

05 01 2004

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 OF INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-426-9530
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

NONE _____

Mailing Address _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

DEMOCRACY PREVAILS

7. Custodians of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name KAMU RAEVAN

Mailing Address 1872 PRATT DRIVE

SUITE 1630

BLACKSBURG VA 24060-1630

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 540-961-9811

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 KAMU RAEVAN

Mailing Address 1872 PRATT DRIVE

SUITE 1630

BLACKSBURG VA 24060-1630

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 540-961-9811

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

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.

FIRST NATIONAL BANK

Mailing Address

1872 PRATT BRIDGE

SUITE 1125

BLAENOWEN VA 24060-1634

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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