FEC FORM 1

STATEMENT OF ORGANIZATION

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2008 JUL -1 AM 9:33
Office Use Only

1. NAME OF COMMITTEE (in full) [ ] (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

DONOVAN L. RIVERS

ADDRESS (number and street) ▼ 4818 SOUTH FONTANELLE ST

[X] (Check if address is changed)

SEATTLE | WA | 98118 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

REVDLRIVERS@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

DONOVANRIVERS.ORG

COMMITTEE'S FAX NUMBER

___ - ___ - ____

2. DATE MM / DD / YYYY

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 Barbara FLoyd

Signature of Treasurer Barbara Floyd Date 06 / 01 / 2008

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 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)

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5. TYPE OF COMMITTEE (Check One)

(a) [X] 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: DONOVAN L. RIVERS

Candidate Party Affiliation: DEM

Office Sought: [X] House [ ] Senate [ ] President

State: WA

District: 7th

(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 DEM (Democratic, Republican, etc.) Party.

(e) [X] 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**

COMMITTEE TO ELECT DONOVAN RIVERS FOR CONGRESS

Mailing Address: PO BOX 22525

SEATTLE WA 98122-

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: AFFILIATED

Type of Connected Organization:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

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Write 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: BISHOP JAY MCLEOD

Mailing Address: 27215 124th AVE SE

KENT WA 98031-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

CO/CAMPAIGN MANAGER

Telephone number: 209-914-8575

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: BARBARA LEILANI FLOYD

Mailing Address: 25435-144th PL SE

KENT WA 98042

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: 206-380-4026

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: -

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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.

US BANK

Mailing Address 14641 1ST AVENUE S

BURIEN WA 98168-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission
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Jmp PREPARER	7/1/08 DATE PREPARED

(3/2005)

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