

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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OPERATIONS CENTER

2006 MAR 31 A 9:29
Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Friends of Road Driver

ADDRESS (number and street)

P.O. Box 156

(Check if address is changed)

West Kingston RI 02892-0156

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

rod@roaddriver.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.roaddriver.com

COMMITTEE'S FAX NUMBER

2. DATE

03 25 2006

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

GEORGE C. WATERSTON, JR

Signature of Treasurer

George C. Waterston Jr

Date

03 25 2006

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) 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 Rod Driver

Candidate Party Affiliation Ind Office Sought: House Senate President State RI District 02

- (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

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Write or Type Committee Name

Friends of Rod Driver

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 treasurer

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 George C. WATERSTON JR

Mailing Address PO Box # 65
WAKEFIELD RI 02880-0065

Title or Position CITY STATE ZIP CODE
Treasurer Telephone number --

Full Name of Designated Agent Rodney D. Driver

Mailing Address 37 Hoxie Rd
West Kingstion RI 02892-

Title or Position CITY STATE ZIP CODE
Assistant treasurer Telephone number 401-539-7985

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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.

Bank of America

Mailing Address

14 Old Tower Hill Rd

Wakefield RI 02879-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm 10
 PREPARER
 (3/2005)

3-31-05
 DATE PREPARED

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