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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

LEADERSHIP FOR TOMORROW PAC

ADDRESS (number and street) ▼ POST OFFICE BOX 523383

(Check if address is changed)

SPRINGFIELD VA 22152-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

2. DATE 03 15 2002

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT N 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 M. ARIALE

Signature of Treasurer John M. Ariale Date 03 15 2002

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 1/01)

FE1AN040.PDF

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) X 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

LEADERSHIP FOR TOMORROW 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: JOHN H. ARIALE

Mailing Address: POST OFFICE BOX 523383

SPRINGFIELD | VA | 22152-

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position▼: TREASURER

Telephone number: 703-866-3733

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 H. ARIALE

Mailing Address: POST OFFICE BOX 523383

SPRINGFIELD | VA | 22152-

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position▼: TREASURER

Telephone number: 703-866-3733

Full Name of Designated Agent:

Mailing Address:

CITY ▲ | STATE ▲ | ZIP CODE ▲

Title or Position▼:

Telephone number: -

B. **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 UNION NATIONAL BANK

Mailing Address POST OFFICE BOX 2080

JACKSONVILLE FL 32231-0010

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
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PREPARER	3-26-02 DATE PREPARED

(6/2000)