FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruction	_	Office use only	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
LEADERSHIP	FOR AMERICA'S	FUTURE PAC (L	EAD PAC)		1
ADDRESS (number and	3101	North Central A	venue		
X (Check if addris changed)	Suite			AZ 85012 _	
			CITY▲	STATE▲ ZIP COD	DE 📥
imacpherson@					1
- I I I I I I I I I I I I I I I I I I I	<u> </u>				
					——
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)			
					لىسى
					لــــــــــــــــــــــــــــــــــــــ
COMMITTEE'S FAX N 6022651495	NUMBER	J			
2. DATE 0.8		2006			
3. FEC IDENTIFICA	TION NUMBER		C C00342378		
4. IS THIS STATEM	MENT X NEW	(N) OR	AMENDED (A)		
I certify that I have exami	ned this Statement and	to the best of my know	wledge and belief it is true, correct a	nd complete	
Type or Print Name of	Treasurerla	n A. Macpherso	on		
Signature of Treasurer	Electronically Filed	by <b>Ian A. Mac</b>	pherson	Date 08 / D11 /	2006
NOTE: Submission of fa			v subject the person signing this Sta	tement to the penalties of 2 U.S.C. S43	37g.
Office Use Only			For further information Federal Election Commit Toll Free 800-424-9530		

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5.	TYPE OF COMMITTEE (Check One)	<del></del>			
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)				
	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	me of ndidate				
	Candidate Office House Senate President	State District			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
		emocratic, publican,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 full committee.	nd or party			
ô.	S. Name of Any Connected Organization or Affiliated Committee				
1	None	<b></b>			
	Mailing Address				
	CITY▲ STATE ▲	ZIP CODE A			
CITY STATE ZIP CODE A					
	Relationship				
	Type of Connected Organization:				
	Corporation Corporation w/o Capital Stock Labor Organization	on			
	Membership Organization Trade Association Cooperative				

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W	Vrite or Type Committee Name						
	LEADERSHIP FOR AME	RICA'S FUTURE PAC (LEAD PAC)	)				
7.		Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.					
lan A. Macpherson Full Name							
	Mailing Address	3101 North Central A	venue				
		Suite 1500					
		Phoenix	AZ	85012_ <sub>_</sub> _			
	Title or Position ♥	CITY A	STATE▲	ZIP CODE			
	Treasurer		Telephone number				
3.	name and address of any Full Name	and address (phone number optio designated agent (e.g., assistant tre	nal) of the treasurer of the con easurer).	nmittee; and the			
	Mailing Address	3101 North Central A	venue				
		Suite 1500					
		Phoenix	AZ	85012			
	Title or Position ♥	CITY A	STATE▲	ZIP CODE A			
	Treasurer		Telephone number	280 1000			
	Full Name of Designated Agent  Keith A	a. Davis					
Mailing Address		228 S. Washington Street					
		Suite 115					
		Alexandria		22314 –			
	Title or Position ♥	CITY A	STATE A	ZIP CODE A			

703

Telephone number

549

7705

**Assistant Treasurer** 

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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.				
	Te. Mailing Address	am Capital Bank  2151 Emrick Boulevard			
		Bethlehem PA	18020   _		
		CITY A STATE A	ZIP CODE 🛆		