PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) EADERSHIP FOR TOMORROW POLITICAL ACTION COMMITTEE 769 S. 17th Street ADDRESS (number and street) (Check if address is changed) PHILADELPHIA 19146-PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Aaron@arenastrategies.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00485755 FEC IDENTIFICATION NUMBER > 3. X 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. Aaron Cohen Type or Print Name of Treasurer Aaron Cohen [Electronically Filed] 12 15 2014 Signature of Treasurer Date 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			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	_
Candid	ate Committee:	
(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. (Compinformation below.)	lete the candidate
Name of Candidate		
Candidate Party Affi		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)	· · ·	Democratic, epublican, etc.) Party.
Politica	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
С	ommittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

Ima	age# 14953211077					
	_					_
_	FEC Form 1 (Revised (02/2009)				Page 3
V	Vrite or Type Committee Name	:				
	_EADERSHIP F	FOR TOMORI	ROW PC	LITICAL	_ ACTION	COMMITTEE
6.	Name of Any Connected O	rganization, Affiliated Co	ommittee, Joint I	undraising Rep	oresentative, or Le	adership PAC Sponsor
N	ONE					
ī						
	Mailing Address					
	Mailing Address					
		C	ITY		STATE	ZIP CODE
		_				
	Relationship: Connected	I Organization Affiliated	I Committee	Joint Fundraisin	g Representative	Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (pho	one number op	otional) and pos	ition of the person	in possession of committee
	Full Name					
	Mailing Address					
	Title or Position	С	ITY		STATE	ZIP CODE
				Telephone nu	mber	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number ssistant treasurer).	optional) of the	e treasurer of th	e committee; and t	he name and address of
	Full Name Aaron Coho of Treasurer	en			<u> </u>	
	Mailing Address	769 S 17th St				

19146-2032

ZIP CODE

1194

569

PA STATE

Telephone number

215

Philadelphia

Title or Position Treasurer

CITY

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone no	umber	
safety deposit boxes or		nittee deposits f	anas, notae accounte, rome
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. Bank 1726 Walnut Street		
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. Bank	PA	19103-6309
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safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. Bank 1726 Walnut Street Philadelphia CITY	PA PA	19103-6309
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