

# 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

PHILADELPHIA LEADERSHIP FUND

ADDRESS (number and street)

PO BOX 56324

(Check if address is changed)

PHILADELPHIA

PA

19130

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

None

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

COMMITTEE'S FAX NUMBER

\_\_\_\_

2. DATE

MM / DD / YYYY  
09 / 01 / 2007

3. FEC IDENTIFICATION NUMBER

C C00436972

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

Linda E. August

Signature of Treasurer

Electronically Filed by Linda E. August

Date

MM / DD / YYYY  
09 / 01 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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)  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

**BOB BRADY FOR CONGRESS**  
\_\_\_\_\_

Mailing Address **2000 Market Street Suite 500**  
\_\_\_\_\_

**PHILADELPHIA**  **PA**  **19103** -   
**CITY ▲ STATE ▲ ZIP CODE ▲**

Relationship **Jt Fundraising Parti**  
\_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**PHILADELPHIA LEADERSHIP FUND**

- 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 **Linda E. August**

Mailing Address **P.O. Box 56324**

**Philadelphia** **PA** **19130**

Title or Position **Treasurer** 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 **Linda E. August**

Mailing Address **P.O. Box 56324**

**Philadelphia** **PA** **19130**

Title or Position **Treasurer** CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent **Whitney W. Burns**

Mailing Address **P.O. Box 1174**

**Springfield** **VA** **22151**

Title or Position **Assistant Treasurer** CITY STATE ZIP CODE

Telephone number

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

730 15th Street NW

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

**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.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

**Name of Any Connected Organization or Affiliated Committee**

[ ADDITIONAL ]

1776 LEADERSHIP FUND

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

PO BOX 56324

\_\_\_\_\_

PHILADELPHIA PA 19130

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Jt Fundraising Parti

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number  -  -



**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.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

PENNSYLVANIA DEMOCRATIC PARTY

Mailing Address

300 North Second Street 8th Floor

Eighth Floor

Harrisburg

PA

17101

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Jt Fundraising Parti

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

Mailing Address

Title or Position ▼  CITY ▲  STATE ▲  ZIP CODE ▲

Telephone number  -  -