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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	0	(See instruction	_					Offi	ce use onl	lv		
1. NAME OF COMMITTEE (in		(Check if name s changed)	Example over the	If typying, typines	е	12FE	4M5	1 1				
Wisconsin Lea	adership PAC				1 1			<u> </u>	<u> </u>			لـــــا
								1 1		لــــــا	<u> </u>	لب
ADDRESS (number and	street)	ox 26366					டட			ш	ш	لــــا
(Check if address is changed)	ess Alexa	ndria		1111		L VA]	L	2231	3 3 -		ш ш
			CITY▲		;	STATE	•		ZIF	CODE	E 📥	
committee's e-mai												1
										Ш	Щ	
							ш			Ш	Щ_	Щ
COMMITTEE'S WEB	PAGE ADDRESS (UF	(L)										
						ш	ш	11		Ш	Щ_	ш
						ш	ш	ш	Ш	Ш	Щ	ш
COMMITTEE'S FAX N 7034258352	NUMBER	J										
2. DATE 0.1		^Y 2 0 0 7 Y										
3. FEC IDENTIFICA	TION NUMBER	C	C00345	744								
4. IS THIS STATEM	MENT NEW	(N) OR	X	AMENDED (A	A)							
I certify that I have exami	ined this Statement and t	o the best of my know	ledge and be	ief it is true, cor	rect and	comple	te					
Torrigo Dist Nove of	D:	aniel F Rinzel, E	en									
Type or Print Name of	reasurer	<u></u>										
Signature of Treasurer	Electronically Filed	by Daniel F Ri	nzel, Esq		_ [ate	0	M /	09	/ Y	2 (0 0 7
NOTE: Submission of fa		olete information may							of 2 U.S.0	D. S437	7g.	
Office Use Only			Fed Toll	further informater in Election Conference 800-424-9 at 202-694-110	ommissio 9530				FEC (Revise	FOR		

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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					
	Candidate Office Party Affiliation 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 Rep	mocratic, publican,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 function committee.	d or party				
6.	Name of Any Connected Organization or Affiliated Committee					
L						
	Mailing Address					
	CITY▲ STATE▲ Z	ZIP CODE				
	Relationship					
Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organization	n				
	Membership Organization Trade Association Cooperative					

)		Page 3		
Write or Type Committee Name					
Wisconsin Leadership PAC					
7. Custodian of Records: Identify possession of Committee books	by name, address, (phone number s and records.	optional), and position of the	ne person in		
Full Name Daniel F Rin	zel, Esq				
Mailing Address	510 King Street				
	Suite 301				
	Alexandria		22314		
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A		
Treasurer		703 Telephone number	684 2000		
	address (phone number optional) o				
Full Name of Treasurer Mailing Address Daniel F Rin	zel, Esq 510 King Street				
	Suite 301				
	Alexandria				
Title or Position ♥	CITY A		22314		
	OH 1 AL	STATE	22314		
Treasurer		STATE ▲ Telephone number 703			
Full Name of Designated Agent		703	ZIP CODE ▲		
Full Name of Designated		703	ZIP CODE ▲		
Full Name of Designated Agent		703	ZIP CODE ▲		
Full Name of Designated Agent		703	ZIP CODE ▲		

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9.	Banks or Other Deposit safety deposit boxes or m	·	accounts, rents
	Name of Bank, Depositor	ry, etc.	
	Ва	ank of America	
	Mailing Address	5649 Burke Centre Parkway	
		Burke	22015

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷