

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Democratic Leader's Victory Fund 1996	2. DATE H.M. ROOM March 20, 1996
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 7435 Watson Road, Suite 107	3. FEDERAL IDENTIFICATION NUMBER NA 99-150-1130
(c) City, State and ZIP Code St. Louis, Missouri 63119	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Gephardt In Congress Committee	7435 Watson Road, Suite 107 St. Louis, Missouri 63119	Joint Fundraising Participant
Democratic Congressional Campaign Committee	430 South Capitol Street, SE Washington, D.C. 20003	Joint Fundraising Participant

Type of Connected Organization

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

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	Mailing Address	Title or Position
Kristin Lappin	7435 Watson Road, Suite 107 St. Louis, Missouri 63119	Treasurer

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	Mailing Address	Title or Position
Kristin Lappin	7435 Watson Road, Suite 107 St. Louis, Missouri 63119	

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.	Mailing Address and ZIP Code
Boatmen's National Bank	4301 Hampton Avenue, St. Louis, Missouri 63119

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 Kristin Lappin	SIGNATURE OF TREASURER <i>Kristin Lappin</i>	DATE March 20, 1996
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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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-9120

FEC FORM 1
(revised 4/87)

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