

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE

10 MAY 10 AM 10:37

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

LEINENKUGEL FOR SENATE

ADDRESS (number and street) N81 W14986 Appleton Avenue

(Check if address is changed) P.O. Box 542
Menomonee Falls WI 53052

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

DICKLEINIE@GMAIL.COM

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

LEINENKUGELFORSENATE.COM

(Check if address is changed)

2. DATE 05 5 2010

3. FEC IDENTIFICATION NUMBER C

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 SARAH REIGSTAD WILLIAMS

Signature of Treasurer

Sarah Reigstad Williams

Date 05 05 2010

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 Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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10020354168

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate

RICHARD LEINENKUGEL

Candidate Party Affiliation	REP	Office Sought:	<input type="checkbox"/>	House	<input checked="" type="checkbox"/>	Senate	<input type="checkbox"/>	President	State WI
									District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number **C**
2. FEC ID number **C**
3. FEC ID number **C**
4. FEC ID number **C**

Write or Type Committee Name

NAME OF COMMITTEE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

SARAH REIGSTAD WILLIAMS

Full Name

Mailing Address

145 SEMINOLE WAY

DE FOREST

WI 53532

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 608 438 2447

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

SARAH REIGSTAD WILLIAMS

Mailing Address

145 SEMINOLE WAY

DE FOREST

WI 53532

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 608 438 2447

Full Name of
Designated
Agent

MICHAEL GRZESIAK

Mailing Address

N70 W14861 TERRACE DRIVE

MENOMONEE FALLS

CITY

WI

53051

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

262-993-2996

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.

MARSHALL & ILSLEY BANK

Mailing Address

N82 W15415 APPLETON AVE.

P.O. BOX 387

MENOMONEE FALLS

WI

53052

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate
OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____ Date of Receipt _____

USPS FIRST CLASS MAIL _____ Postmark _____

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USPS PRIORITY MAIL _____ Postmark _____
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USPS EXPRESS MAIL _____ Postmark _____

OVERNIGHT DELIVERY SERVICE: _____
SHIPPING DATE

FEDERAL EXPRESS

05-05-10

NEXT BUSINESS DAY DELIVERY

+

UPS

DHL

AIRBORNE EXPRESS

RECEIVED FROM FEDERAL ELECTION COMMISSION _____ Date of Receipt _____

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OTHER _____ Date of Receipt or Postmark _____

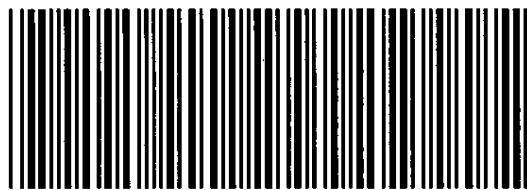
PREPARER

RD

DATE PREPARED

05-10-10

10020354172



10020354174