

10 MAY 10 AM 10:37

FEC
FORM 1STATEMENT OF
ORGANIZATION

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

P.O. Box 542

☐(Check if address
is changed)

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

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: ☐ House ☒ Senate ☐ 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

10020354169

Write or Type Committee Name

LEADERHOOD FOR GENTILE

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.

Full Name

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

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

10020354170

Full Name of
Designated
Agent

MICHAEL GRZESIAK

Mailing Address

N70 W14861 TERRACE DRIVE

MENOMONEE FALLS

CITY

WI

STATE

53051

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

CITY

WI

STATE

53052

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10020354171

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

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

05-05-10

☒

UPS

☐

DHL

☐

AIRBORNE EXPRESS

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

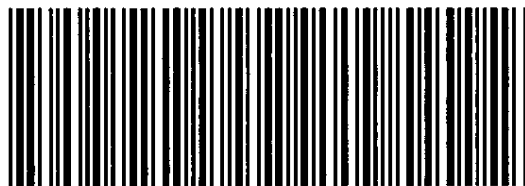
PREPARER

RD

DATE PREPARED

05-10-10

10020354173



10020354174