

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM  
2000 MAR 27 P 1:43

1. (a) NAME OF COMMITTEE IN FULL <b>ROSTENKOWSKI FOR CONGRESS</b>		<input type="checkbox"/> (Check if name is changed)	2. DATE <b>03-23-00</b>
(b) Number and Street Address <b>1349 North Noble Street</b>		<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number <b>C00002576</b>
(c) City, State and ZIP Code <b>Chicago, Illinois 60622</b>		4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input 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 subcommittee) (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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
America's Leaders Fund	1349 North Noble Street Chicago, Illinois 60622	Affiliated Committee

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
Virginia Fletcher 703 312-6403	Rm 900-1530 Wilson Blvd.-Arlington, Va.	Asst. to 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
Dan Rostenkowski, Treasurer America's Leaders Fund 1349 North Noble Street-Chicago, Ill. 60622		

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
Mid-America Bank	55th and Holmes Avenue Clarendon Hills, Illinois 60514 Telephone: 630-323-2265

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 <b>Dan Rostenkowski</b>	SIGNATURE OF TREASURER <i>Dan Rostenkowski</i>	DATE <b>03-23-00</b>
--	---	-------------------------

NOTE: Submission of false, erroneous, or incomplete information may subject you to a civil penalty of \$2,000 per violation. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-219-3420

FEBAN121

**FEC FORM 1**  
(revised 4/87)

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 3-24-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	3-27-00 DATE PREPARED