

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <u>Democratic Leader's Victory Fund 1998</u> (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <u>7435 Watson Road, Suite 107</u> (c) City, State and ZIP Code <u>St. Louis, Missouri 63119</u> | 2. DATE <u>April 1, 1997</u> 3. FEC IDENTIFICATION NUMBER _____ 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.

| 6. 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, DC 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 |
|--------------|----------------------------------------------------------|-------------------|
| John D. Ryan | 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 |
|--------------|----------------------------------------------------------|-------------------|
| John D. Ryan | 7435 Watson Road, Suite 107 St. Louis, Missouri 63119 | Treasurer |

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 63109 |

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 John D. Ryan | SIGNATURE OF TREASURER | DATE 04/01/97 |
|-----------------------------------------------------|----------------------------|----------------------|

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.

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For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-376-3120

FEC FORM 1
(revised 4/87)

Federal Election Commission
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 |
| <input type="checkbox"/> No Postmark | |
| <input checked="" 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 |
| | |
| E. S. | 4/11/97 |
| PREPARER | DATE PREPARED |