



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C 101239

OFFICE USE ONLY
[Handwritten initials]

STATEMENT DATE 4/1/2010		TYPE OF STATEMENT (CHECK ONE) <input checked="" type="checkbox"/> NEW <input type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS)	
3. FULL NAME OF COMMITTEE Dave Leipholtz for State Representative					
4. COMMITTEE MAILING ADDRESS ADDRESS: 1133 Louisville Ave #3 CITY / STATE / ZIP: St. Louis, MO 63139				5. TELEPHONE NUMBER 314-503-7893	
6. TREASURER'S NAME Joe Jovanovich					
7. TREASURER'S MAILING ADDRESS ADDRESS: 1568 Sanford Ave. CITY / STATE / ZIP: St. Louis, MO 63139				8. TELEPHONE NUMBER HOME: 314-210-2553 WORK:	
9. DEPUTY TREASURER'S NAME <input checked="" type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP:				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME B. ADDRESS C. TITLE				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. NAME & ADDRESS OF BANK, SAVING & LOAN, OR CREDIT UNION St. Louis Firefighters & Community Credit Union 5530 Fyler Ave St Louis mo 63139-1535					
B. ACCOUNT NAME Dave Leipholtz for State Representative		C. ACCOUNT NO.			
15. TYPE OF COMMITTEE <input checked="" type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> CONTINUING <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY)					
A. NAME Dave Leipholtz		B. ADDRESS 1133 Louisville St. Louis MO 63139		C. TELEPHONE NO. 314-503-7893	D. POLITICAL PARTY Democrat
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME B. ADDRESS					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) Dave Leipholtz		B. ELECTION DATE 8/3/10	C. OFFICE SOUGHT State Rep	D. POLITICAL SUBDIVISION Dist 264	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S)		B. ELECTION DATE	C. SUBJECT AND POLITICAL SUBDIVISION	CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>[Signature]</i> TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <i>[Signature]</i> CANDIDATE'S SIGNATURE		

Missouri Ethics Commission
APR 15 2010