PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An	Authorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typ over the lines.	^{De} 12FE4M5
ITALIAN AMERIC	AN DEMOCRATIC LE	EADERSHIP COUNCIL	
ADDRESS (number and stre	eet) 555 11th St NW		
Check if different than previously reported. (ACC)	Suite 401 Washington		DC 20004 -
2. FEC IDENTIFICATIO	ON NUMBER ▼	CITY ▲	STATE ▲ ZIP CODE ▲
C C00299396		3. IS THIS REPORT NEW (N)	OR AMENDED (A)
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Year-End Re July 31 Mid- Report (Non- Year Only) (Non- Year Only) (Non- Termination F	port (Q1) port (Q2) port (Q3) port (YE) Year election MY) Report (c) 12-Day PRE-Election Report for the control of the c	he: Convention (12C) Election on 11 08 ion General (30G)	(M6) Sep 20 (M9) Dec 20 (M12 (Non-Election Year Only) (M7) Oct 20 (M10) Jan 31 (YE) X General (12G) Runoff (12R) Special (12S) Runoff (30R) Special (30S)
5. Covering Period	10 01 20	022 through	M M / D D / Y Y Y Y Y 10 10 10 10 10 10 10 10 10 10 10 10 10
I certify that I have exami Type or Print Name of Tre	Lazarus, Maggi, , ,	est of my knowledge and belief in	t is true, correct and complete.
Signature of Treasurer	Lazarus, Maggi, , ,	[Electronically Filed]	Date 10 / 26 / 2022
	erroneous, or incomplete inform	mation may subject the person sig	gning this Report to the penalties of 52 U.S.C. § 3010
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL

10 01 2022 10 19 2022 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 180706.90 January 1. 2022 (b) Cash on Hand at 151192.85 Beginning of Reporting Period..... 8825.00 140585.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 321291.90 160017.85 6(a) and 6(c) for Column B)..... 48881.91 210155.96 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 111135.94 111135.94 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL

-	ort Covering the Period: From: 10	COLUMN A	COLUMN B
		Total This Period	Calendar Year-to-Date
	Contributions (other than loans) From:		
(a) Individuals/Persons Other		
	Than Political Committees	5250.00	39300.00
	(i) Itemized (use Schedule A)	323.00	39300.00
	(ii) Unitemized	100.00	3310.00
	(iii) TOTAL (add	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Lines 11(a)(i) and (ii)▶	5350.00	42610.00
		0.00	0.00
`	b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	7000.00
,	(such as PACs)	49. 49. 40.	7.00.00
(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	5350.00	49610.00
ד כ	Totals to Line 33, page 5) Fransfers From Affiliated/Other	4 4	4 4
	Party Committees	0.00	0.00
	arty Committees	3,00	
. <i>F</i>	All Loans Received	0.00	0.00
		4 4	4 4
ł. L	oan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures	4 4	4 4
	Refunds, Rebates, etc.)		
	Carry Totals to Line 37, page 5)	0.00	0.00
3. F	Refunds of Contributions Made	4 4	4 4
to	o Federal Candidates and Other		
F	Political Committees	0.00	0.00
	Other Federal Receipts		
	Dividends, Interest, etc.)	3475.00	90975.00
	ransfers from Non-Federal and Levin Funds	· · · · · · · · · · · · · · · · · · ·	,
(a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
			0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
,	c) Total Transfers (add 19/5) and 19/5)	0.00	200
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Total Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))▶	8825.00	140585.00
). T	otal Federal Receipts		
		8825.00	140585.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		Caronaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	7586.33	27838.45
Expenditures(c) Total Operating Expenditures	7300.33	2/050.43
(add 21(a)(i), (a)(ii), and (b))▶	7586.33	27838.45
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	35000.00
Independent Expenditures	3000,00	4 4 4
(use Schedule E)	36000.00	36000.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
L.	0.00	
Loans MadeRefunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
Than Political Committees	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		0.00
(add Lines 28(a), (b), and (c))	0.00	500.00
Other Disbursements (Including		
Non-Federal Donations)	295.58	110817.51
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity))	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	48881.91	210155.96
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	40004.04	
HOIT LING 01/	48881.91	210155.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5350.00	49610.00
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5350.00	49110.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	7586.33	27838.45
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7586.33	27838.45

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:					PAGE	6	OF	13	
(check only one)										
		×	11a		11b		11c	12	2	
			13		14		15	16	6	17

Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) ITALIAN AMERICAN DEMOCI	RATIC LEAD	DERSHIP COUNCIL	
Full Name of Individual (Last, First, Middle II Eugene, DePasquale, , , Mailing Address 1655 5th Avenue, Apt 604	nitial) or Full Orga	nization Name	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pittsburgh	State PA	Zip Code 15219	Transaction ID : SA11AI.6110
FEC ID number of contributing federal political committee.	C	102.10	Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) University of Pittsburgh Receipt For: Primary General Other (specify) ▼	Occupa Profess Aggregate Yea		Memo Item
Full Name of Individual (Last, First, Middle In rogers, wayne, , , Mailing Address 191 main st	nitial) or Full Orga	nization Name	Date of Receipt 10 03 2022
City annapolis FEC ID number of contributing	State MD	Zip Code 21401	Transaction ID : SA11Al.6109 Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) synergics Receipt For:			Memo Item
Primary General Other (specify) ▼	pitial) or Full Occa	5000.00	
Full Name of Individual (Last, First, Middle II	nitial) or Full Orga	INIZATION NAME	Date of Receipt
Mailing Address City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		·····	5250.00
TOTAL This Period (last page this line numbe	r only)		5250.00

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iiiag	JG# 202210203341037024											
SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			11			FOR LINE NUMBER: PAGE 7 OF 13 (check only one)						
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						13 14			15	16	;	X 17
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	IAME OF COMMITTEE (In Full) TALIAN AMERICAN DEMOCF	RATIC LE	ADERSHIP (COUNCIL								
	ull Name of Individual (Last, First, Middle In Aiello, Stephen, , ,	itial) or Full C	rganization Name			Date of	f Red	ceipt				
Mailing Address 860 United Nations Plaza						M = M	1	10		2022		1
C	City	State	Zip Code			Trans	actio	on ID :	SA17.61	21		-
1	New York	NY	10017			Amount	t of E	Each F	Receipt th	is Peri	od	
	EC ID number of contributing ederal political committee.	С				Ξ			1.5	25	50.00	
N	lame of Employer (for Individual)	Occ	upation (for Individu	ıal)	-	M	emo	Item				
	Self		isultant	iaij					ly Accour	nt		
_	Receipt For:				— "	ontinou	uon	IL OII	ny Accoun			
-	Primary General	Aggregate	Year-to-Date ▼		_							
	Other (specify) ▼			250.00	Ш							
F	full Name of Individual (Last, First, Middle In	itial) or Full C	rganization Name									
	Amico, Sarah, , ,		· g			Date of	f Rec	ceipt				
_	Mailing Address 82 Lewellen Drive					M = M	1	18		2022		1
C	City	State	Zip Code		_ "	Trans	actio	on ID :	SA17.61	23		
N	Marietta	GA	30064		A				Receipt th		od	
	EC ID number of contributing ederal political committee.	С						,	1-45	-	00.00	
	lame of Employer (for Individual) ack Cooper Holdings		upation (for Individecutive Chairperson	ual)	Co	_	emo tion -		ly Accour	nt		
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	1000.00]							
	ull Name of Individual (Last, First, Middle In Cendali, Dale, , ,	nitial) or Full C	rganization Name			Date of	f Red	ceipt				
N	failing Address 14 Old Road Lane					M _ M	′	14		2022]
City Mt Kisco		State NY	Zip Code 10549			Transaction ID : SA17.6116 Amount of Each Receipt this Period						
	EC ID number of contributing ederal political committee.	С			ĺ	Amount	l OI L	Lacii r	ieceipt til	-	50.00	
k	lame of Employer (for Individual) Kirkland & Ellis LLP	Occ. Atto	upation (for Individu	ual)	c	_		Item - IE On	ıly Accou	nt		
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	250.00	1							

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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Use separate schedule(s) for each category of the	(0	che	ck only	or	ie)		_	_			
Detailed Summary Page			11a		11b		11c	12			
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not be sold or used by any pedress of any political committee							_				
DERSHIP COUNCIL											

Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and add NAME OF COMMITTEE (In Full) ITALIAN AMERICAN DEMOCRATIC LEA Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Lazarus, Maggi, , , Date of Receipt Mailing Address 2605 Adams Mill Rd. NW Apt. 1 2022 14 City Zip Code State Transaction ID: SA17.6118 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Self Attorney Contribution - IE Only Account Receipt For: Aggregate Year-to-Date ▼ Primary General 1005.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Martorelli, Toni, , , Date of Receipt Mailing Address 1750 Shadyside Dr. SW 10 10 2022 City State Zip Code Transaction ID: SA17.6120 NM Albuquerque 87105 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Not Employed Contribution - IE Only Account Not Employed Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Sposeto, Dominic, , , Date of Receipt Mailing Address 2824 Irving Ave S 10 13 2022 City Zip Code State Transaction ID: SA17.6119 MN Minneapolis 55408 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Contribution - IE Only Account Self Lobbyist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... 3250.00 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 9 OF 13					
ITEMIZED DISBURSEMENTS		parate schedule(s h category of the	(orlean orni	, — ,					
		d Summary Page	X 21b 28a				/ 0b		
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Any information copied from such Reports and State or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
I TALIAN AMERICAN DEMOCRA	ATIC LEA	ADERSHIP (COUNCIL						
<u>/</u>									
Full Name (Last, First, Middle Initial)				Date of D	isburseme	nt			
A. ActBlue Technical Services				Date of D	/ D D	/ Y Y Y	V V		
Mailing Address PO Box 382110				10	19	2022			
City	State MA	Zip Code 02238		FEC Ident	tification N	umber			
Cambridge Purpose of Disbursement	IVIA	02238					7		
Credit Card Processing Fees				C		00010 011	_		
Candidate Name			Category/			: SB21B.6114 bursement th	=		
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Senate President	Other (sp	General		_					
State: District:	Other (sp	Decity) \		Memo) Item				
Full Name (Last, First, Middle Initial)									
B. Pat Santangelo & Associates				Date of D	isburseme	nt			
				M M	/ D D	/ Y Y			
Mailing Address 63 East 9th Street Suite 6K					10 05 2022				
City New York	State NY	Zip Code		FEC Ident	tification N	umber			
Purpose of Disbursement	INT	10003		C			7		
Fundraising Consulting					action ID	: SB21B.6127	_		
Candidate Name		Category/				bursement th			
0/5			Type			200	20.00		
Office Sought: House Disbur	sement For: Primary	General			7	300	00.00		
President	Other (sp			Mama harr					
State: District:		•		Memo	, Item				
Full Name (Last, First, Middle Initial)									
C. Strategic Campaign Initiatives				Date of D	isburseme	nt			
Moiling Address 40000 Cafety Turn				10	10	2022			
Mailing Address 12608 Safety Turn				10	10	2022			
City	State	Zip Code		FFC Ident	tification N	umber			
Bowie Bywas at Dishuman and	MD	20715					7		
Purpose of Disbursement Administrative Services									
Candidate Name			Catananul			: SB21B.6128 bursement th			
			Category/ Type	Amount of	Lacii Dis	bursement th	iis reliou		
Office Sought: House Disbur	sement For:		1			437	75.00		
Senate	Primary	General							
State: District:	pecify) \blacktriangledown		Memo) Item					
State. District.									
SUBTOTAL of Disbursements This Page (optional	ıl)					75	86.33		
222 2	,			-					
TOTAL This Period (last page this line number of	nlv)					75	86.33		

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. ANAME OF COMMITTEE (In Full) ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL Full Name (Last, First, Middle Initial) A. TADDEO FOR CONGRESS Mailing Address PO BOX 5651 City TALLAHASSEE FL 321P Code TALLAHASSEE FL 32314 Purpose of Disbursement Contribution Candidate Name TADDEO, ANNETTE, , Office Sought: V House Disbursement For: 2022 FEC Identification Number Category/ Type Other (specify) FEC Identification Number Category/ Type Table 22 x 23 28 28 28 29 30b Any person for the purpose of soliciting contributions from such committee. Date of Disbursement TOUNCIL FEC Identification Number Category/ Type FEC Identification Number Category/ Type Tourn of Each Disbursement this Period Memo Item FEC Identification Number Category/ Type Tourn of Each Disbursement this Period To	SCHEDULE B (FEC Form 3X)	11	wata astrol ()	FOR LINE	E NUMBER: PAGE 10 OF 13				
Detailed Summary Page	ITEMIZED DISBURSEMENTS			(s) (check only one)					
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Fill) ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL Full Name (Last, First, Middle Initial) A TADDEO FOR CONGRESS Mailing Address PO BOX 5661 City TALLAHASSEE FL 32314 Purpose of Disbursement Contribution Candidate Name TADDEO, ANNETTE, Office Sought: I House Primary Office Sought: Mailing Address City State Primary Office Sought: House Primary Office Sought: State Primary Office Sought: House Primary Office Sought: State Primary Office Sought: House Primary Office Sought: Fet Identification Number City Fet Identification Number Fet Identification Number City Amount of Each Disbursement this Period Type Ty									
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Pull) ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL Fill Name (Last, First, Middle Initial) A. TADDEO FOR CONGRESS Mailing Address PO BOX 6661 City TALIAHASSEE Fuppose of Disbursement State: Fl. District: 27 Full Name (Last, First, Middle Initial) B. City State: Fl. District: 27 Full Name (Last, First, Middle Initial) Mailing Address City State: Senate Purpose of Disbursement Candidate Name City State: District: 27 Full Name (Last, First, Middle Initial) Date of Disbursement Tor: 2022 Full Name (Last, First, Middle Initial) Date of Disbursement Caladgory/ Type Type Office Sought: House Purpose of Disbursement Candidate Name City State: District: 27 Full Name (Last, First, Middle Initial) Candidate Name City State: District: District: 27 Full Name (Last, First, Middle Initial) Candidate Name City State: District: District: District: Sanate Purpose of Disbursement Candidate Name City State: District: District: District: Sanate Purpose of Disbursement State: District: D	Any information copied from such Reports and State	ements mav n	ot be sold or us						
TALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL Full Name (Last, First, Middle Initial) A. TADDEO FOR CONGRESS Mailing Address PO BOX 5651 City State Zip Code FL 32314 Purpose of Disbursement Contribution Candidate Name Category' TADDEO, ANNETTE, Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mailing Address City State Disbursement For: 2022 Senate President State: Disbursement For: 2022 Category' Type Office Sought: House President State: Disbursement For: 2024 Fell Name (Last, First, Middle Initial) B. Date of Disbursement For: 2024 Amount of Each Disbursement this Period Office Sought: House President State: District: 27 Full Name (Last, First, Middle Initial) Category' Type Office Sought: House President State: District: Pull Name (Last, First, Middle Initial) Category' Office Sought: House President State: District: Pull Name (Last, First, Middle Initial) Category' Office Sought: House President Disbursement For: District: Memon Item State: District: District: Memon Item State: District: District: District: District: Memon Item State: District: District: Memon Item State: District: Memon Item	or for commercial purposes, other than using the na	me and addre	ess of any politic	al committee to	solicit contributio	ons from such committee.			
Full Name (Last, First, Middle Initial) A. TADDEO FOR CONGRESS Mailing Address PO BOX 5651 City TALLAHASSEE Purpose of Disbursement Contribution Candidate Name TADDEO, ANNETTE, Office Sought: Senate Primay Senate Primay Senate Primay General Primay Memo Item Date of Disbursement inis Period Tansaction ID: S823,6106 Amount of Each Disbursement inis Period Tansaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of Each Disbursement inis Period Transaction ID: S823,6106 Amount of	· · ·	FIO : F : -	EDO: !!= 6	O. IN . O					
A TADDEO FOR CONGRESS Mailing Address PO BOX 5651 City TALLAHASSEE Purpose of Disbursement Contribution TADDEO, ANNETTE, Office Sought: Shartae President State: Disbursement Candidate Name TADDEO, ANNETTE, Office Sought: Nailing Address City State: Disbursement Candidate Initial) B. Amount of Each Disbursement Initial Date of Disbursement Initial Category/ Type Office Sought: House Disbursement For: Senate President Candidate Name Category/ Office Sought: Disfrict: Full Name (Last, First, Middle Initial) C. Mailing Address City State: Disfrict: Full Name (Last, First, Middle Initial) C. Mailing Address City State: Disfrict: Full Name (Last, First, Middle Initial) C. Mailing Address City State: Disfrict: Date of Disbursement Initial Category/ Amount of Each Disbursement Initial Date of Disbursement Category/ Amount of Each Disbursement Initial Date of Disbursement Category/ Amount of Each Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Memo Item Substorial Initial Memo Item Substorial Initial Date of Disbursement Initial Date of Disbursement Initial Memo Item Substorial Initial Date of Disbursement Initial Date of Disbursement Initial Memo Item Substorial Initial Memo Item Substorial Initial Date of Disbursement Initial Date of Disbursement Initial Memo Item Substorial Initial Date of Disbursement Initial Memo Item Substorial Initial Date of Disbursement Initial Date of Disbursement Initial Amount of Each Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Amount of Each Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Date of Disbursement Initial Amount of Each Disbursement	/ ITALIAN AMERICAN DEMOCRA	IIC LEAD	ERSHIP C	OUNCIL					
Mailing Address PO BOX 5651	Full Name (Last, First, Middle Initial)								
Mailing Address PO BOX 5651 10 17 2022	A. TADDEO FOR CONGRESS				Date of Disbur	rsement			
TALLAHASSE	Mailing Address PO BOX 5651				7 1 1 1 1 1 1				
TALLARASSE FL 32314 Purpose of Disbursement Contribution Candidate Name TADDEO, ANNETTE, , ,	City	State	Zip Code		FFC Identificat	tion Number			
Contribution Candidate Name TADDEO, ANNETTE, , , Office Sought:		FL	32314			NOT NUMBER			
Candidate Name TADDEO, ANNETTE, , Office Sought:					C C0044	5163			
TADDEO, ANNETTE, , Office Sought: x House	Candidate Name			Category/					
State: FL District: 27 Full Name (Last, First, Middle Initial) Mailing Address City					ourit or Lac				
State: FL District: 27 President District: 27 Date of Disbursement		7				5000.00			
State: FL District: 27 Full Name (Last, First, Middle Initial) B. Mailing Address City					п				
Mailing Address City	State: FL District: 27	(4)	<i>37</i> , 4		Memo Iter	n			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Primary General Other (specify) Date of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Date of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Memo Item State: District: Memo Item Substortal of Disbursement This Page (optional)									
City Purpose of Disbursement Candidate Name Category/ Office Sought: House	В.								
City	Mailing Address				M = M / D) D / Y Y Y Y			
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Disbursement For: Substitution Substitution Substitution Memo Item Substitution Memo Item Substitution Substitution Substitution Substitution Substitution Substitution Substitution Amount of Each Disbursement this Period Memo Item Substitution Memo Item									
Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought:	City	State	Zip Code		FEC Identificat	tion Number			
Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Full Name (Last, First, Middle Initial) C. City State Zip Code FEC Identification Number Candidate Name Category/ Type Condidate Name Category/ Type Category/ Type Category/ Type Category/ Type Condidate Name Condidat	Purpose of Disbursement								
Office Sought: House Senate Primary General Primary General Date of Disbursement C. Date of Disbursement For: Memo Item					<u> </u>				
Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: Primary General Other (specify) State: District: Memo Item Substituting Address FEC Identification Number Category/ Type Memo Item Substituting Address Figure 1 Memo Item Substituting Address Figure 2 Amount of Each Disbursement this Period Memo Item Substituting Address Figure 2 Amount of Each Disbursement this Period Memo Item	Candidate Name		Туре			ch Disbursement this Period			
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Memo Item State: District: Substotal Of Disbursements This Page (optional)	Office Sought: House Dishurse	ement For							
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Office Sought: House Senate Primary General Other (specify) State: District: Substoctal Memo Item Date of Disbursement FEC Identification Number Category/ Type Memo Item Substoctal Memo Item Substoctal Memo Item Source Source Source Substoctal Memo Item		7	General		7	4 4			
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: State: Disbursement For: Senate Primary General Other (specify) State: Substoctal Memo Item		Other (spec	ify)		Memo Iter	n			
City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substoctal of Disbursement For: Senate Primary General Other (specify) ▼ Substoctal of Disbursement This Page (optional)									
Mailing Address City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substortal of Disbursements This Page (optional)	C.				Date of Disbur	rsement			
City Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Substate Zip Code FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item 5000.00					M M / D	D / Y Y Y Y			
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Memo Item Substruction Number Category/ Type Amount of Each Disbursement this Period Memo Item 5000.00	Mailing Address								
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Substrict: Memo Item Substrict: 5000.00	City	State	Zip Code		EEC Identificat	tion Number			
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substruct: Memo Item Substruct: 5000.00	Down of Disharmon				1.1 1.1	IIOH Number			
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Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Substruct: Memo Item	Candidate Name			Category/	Amount of Fac	ch Disbursement this Period			
Senate Primary General Other (specify) ▼ State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)					7 till Galle Of Lac	2.35dreement this 1 enou			
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)		7	Comerci			4 4			
State: District: Memo Item SUBTOTAL of Disbursements This Page (optional)					п				
5000 00	State: District:] (-)	·· · /		Memo Iter	n			
5000 00									
TOTAL This Period (last page this line number only)	SUBTOTAL of Disbursements This Page (optional)			·····•		5000.00			
	TOTAL This Period (last page this line number only	v)				5000.00			

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SCHEDULE B (FEC Form 3X)	Llea constata achadula(a)	FOR LINE NUMBER: PAGE 11 OF 13					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	7 one) 22 23 26 27 28b 28c x 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full) ITALIAN AMERICAN DEMOCRAT			Section Commissions from Coort Commission.				
Full Name (Last, First, Middle Initial)							
A. ActBlue Technical Services			Date of Disbursement				
Mailing Address PO Box 382110			10 19 2022				
Cambridge	State Zip Code MA 02238		FEC Identification Number				
Purpose of Disbursement Credit Card Processing Fees - IE Only Account			Transaction ID : SB29.6124				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period				
Senate	ment For: Primary General		137.28				
State: District:	Other (specify) ▼		Memo Item				
Full Name (Last, First, Middle Initial) B. Intuit			Date of Disbursement				
Mailing Address 601 Pennsylvania Ave NW			10 19 2022				
City Washington	State Zip Code DC 20004		FEC Identification Number				
Purpose of Disbursement Software - IE Only Account	2333		C				
Candidate Name		Category/ Type	Transaction ID: SB29.6133 Amount of Each Disbursement this Period				
Office Sought: House Disburse Senate	ment For: Primary General		58.30				
State: President District:	Other (specify)		Memo Item				
Full Name (Last, First, Middle Initial) C. United Bank			Date of Disbursement				
Mailing Address 1667 K Street, NW			10 04 2022				
Washington	State Zip Code 20006		FEC Identification Number				
Purpose of Disbursement Bank Charge - IE Only Account Candidate Name		Cotogony	Transaction ID : SB29.6134 Amount of Each Disbursement this Period				
Office Sought: House Disburse	ment For:	Category/ Type	25.00				
Senate President	Primary General Other (specify) ▼		Memo Item				
State: District:			<u> </u>				
SUBTOTAL of Disbursements This Page (optional)		······	220.58				
TOTAL This Period (last page this line number only	·)						

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Lies congrete cohedule(s)	E NUMBER: PAGE 12 OF 13					
I EWIZED DISBURSEWENTS for each category of the	(check only one)					
Detailed Summary Page 210 22 23 26	27 30b					
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicition or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such	ch committee.					
NAME OF COMMITTEE (In Full)						
ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL						
Full Name (Last, First, Middle Initial)						
A. United Bank Date of Disbursement						
	2022					
Mailing Address 1667 K Street, NW	2022					
City State Zip Code FEC Identification Number	r					
Washington DC 20006 Purpose of Disbursement						
Bank Charge - IE Only Account	0.6425					
Candidate Name Transaction ID : SB2 Category/ Amount of Each Disburse						
Туре	25.00					
Office Sought: House Disbursement For: Senate Primary General	25.00					
President Other (specific)						
State: District: Memo Item						
Full Name (Last, First, Middle Initial)						
B. Date of Disbursement						
Mailing Address	Y					
City State Zip Code FEC Identification Number	r					
Purpose of Disbursement	С					
	Amount of Each Disbursement this Period					
Office Sought: House Disbursement For:						
Senate Primary General						
President Other (specify) Memo Item	Memo Item					
State: District:						
Full Name (Last, First, Middle Initial) C. Date of Disbursement						
M M / D D /	Y Y Y Y Y					
Mailing Address						
City State Zip Code FEC Identification Number	r					
	·					
Purpose of Disbursement						
Candidate Name Category/ Amount of Each Disburse	ement this Period					
Type						
Office Sought: House Disbursement For: Senate Primary General						
President Other (specific)						
State: District: Memo Item						
	05.22					
SUBTOTAL of Disbursements This Page (optional)	25.00					
TOTAL This Period (last page this line number only)	245.58					

Signature

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 13 OF 13
NAME OF COMMITTEE (In Full) FOR LINE 24 OF FORM 32			
ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL FEC IDENTIFICATION NUMBER ▼			
TITALITAT AVIETA OF A TELEFORM CO. C. C. C.			C C00299396
Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee			tem Date of Public Distribution/Dissemination
Mailing Address 2607 Monroe Street NE			Amount
City	State	Zip Code	36000.00
Washington	DC	20018	Transaction ID : SE.6104 Date of Disbursement or Obligation
Purpose of Expenditure Digital Advertising/Production-IE Only Account		Category/ Type	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 00
RYAN, TIMOTHY, , ,		Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		36000.00	Disbursement For:
Full Name of Payee		☐ Memo It	Date of Public Distribution/Dissemination
Mailing Address			Amount
City	State	Zip Code	
			Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate:		Support Oppose	Office Sought: House District: President Senate State:
Calendar Year-To-Date			Disbursement For: Primary General
Per Election for Office Sought	7		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Lazarus, Maggi, , ,	[Electronically File	ded] Date	10 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y