

ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL

RECEIVED
FEDERAL ELECTIONS
COMMISSION
REPORTS ANALYSIS
DIVISION

HONORARY CO-CHAIRS

THE HONORABLE MARIO CUOMO

THE HONORABLE GERALDINE FERARO

SEP 16 9 33 AM '96

BOARD OF ADVISORS

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HONORABLE PETER DEFAZIO
HONORABLE ROSA DELAURIO
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KATHRYN ZUNICH, MD

September 16, 1996

Mr. Edward D. Ryan
Report Analysis Division
Federal Elections Commission
999 E Street, N.W.
Washington, DC 20463

Dear Mr. Ryan:

Re: FEC ID# C00299396
Quarterly Report 4/1/96 - 6/30/96


In response to your letter of July 26, 1996, please find enclosed a revised IADLC April Quarterly Report and revised 1995 Year End Report.

The April Quarterly Report has been modified by eliminating Schedule A - Transfer from Nonfederal Account for Joint Activity.

The 1995 Year End Report has been modified by revising Schedule B - Operating Expenses, adding Schedules H2 and H4, and adjusting the Detailed Summary Page accordingly.

The above changes should answer the questions raised in your letter. Thank you for meeting with me and for your guidance through the FEC reporting requirements.

Sincerely,


Charles A. Gueli
Treasurer

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

SEP 16 9 33 AM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|--|--|--|
| 1. NAME OF COMMITTEE (in full) Italian American Democratic Leadership Council | | 2. FEC IDENTIFICATION NUMBER G00299396 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1828 L Street, NW, Suite 1010 | | |
| CITY, STATE and ZIP CODE Washington, D.C. 20036 | | |
| 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M) | | |

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
 Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|------------------------------------|-------------------------|---|
| 5. Covering Period | July 1, 1995 through Dec. 31, 1995 | | |
| 6. (a) Cash on Hand January 1, 1995 | \$ 4196.70 | | \$ |
| (b) Cash on Hand at Beginning of Reporting Period | | \$ 7117.95 | |
| (c) Total Receipts (from Line 10) | | \$ 5215.00 | \$ 12,398.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | | \$ 12,332.95 | \$ 16,594.70 |
| 7. Total Disbursements (from Line 30) | | \$ 9427.02 | \$ 13,688.77 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | | \$ 2905.93 | \$ 2905.93 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | | \$ | For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | | \$ | |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer

Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9437g.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

FEC FORM 3X
(revised 8/83)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE | REPORT COVERING PERIOD | |
|---|-----------------------------------|---------------------------|
| Italian American Democratic Leadership Council | FROM July 1, 1995 TO Dec 31, 1995 | |
| | COLUMN A Total This Period | COLUMN B Calendar Year |
| I. Receipts | | |
| 11. Contributions (other than loans) From: | | |
| a. Individual/Persons Other Than Political Committees | | |
| i. Itemized (use Schedule A) | 11,250.00 | 21,250.00 |
| ii. Unitemized | 3,865.00 | 4,048.00 |
| iii. Total (add i and ii) | 5,515.00 | 16,698.00 |
| b. Political Party Committees | | |
| c. Other Political Committees (such as PACs) | 2,700.00 | 3,700.00 |
| d. Total Contributions (add a iii, b and c) | 8,215.00 | 10,398.00 |
| 12. Transfers From Affiliated/Other Party Committees | | |
| 13. All Loans Received | - | - |
| 14. Loan Repayments Received | | |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | (3,000.00) | (3,000.00) |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | | |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | | |
| 18. Transfers from Nonfederal Account for Joint Activity | | |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) | 5,215.00 | 12,398.00 |
| 20. Total Federal Receipts (subtract line 18 from line 19) | 5,215.00 | 12,398.00 |
| II. Disbursements | | |
| 21. Operating Expenditures: | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| i. Federal Share | 2,952.60 | 2,952.60 |
| ii. Non-Federal Share | 2,068.82 | 2,068.82 |
| b. Other Federal Operating Expenditures | 2,405.60 | 6,687.35 |
| c. Total Operating Expenditures (add a i, a ii, and b) | 7,427.02 | 11,688.77 |
| 22. Transfers to Affiliated/Other Party Committees | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 2,900.00 | 2,900.00 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | | |
| 26. Loan Repayments Made | | |
| 27. Loans Made | | |
| 28. Refunds of Contributions To: | | |
| a. Individuals/Persons Other Than Political Committees | | |
| b. Political Party Committees | | |
| c. Other Political Committees (such as PACs) | | |
| d. Total Contribution Refunds (add a, b and c) | | |
| 29. Other Disbursements | | |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) | 9,427.02 | 13,688.77 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) | 9,427.02 | 13,688.77 |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans)(from line 11d) | 8,215.00 | 8,215.00 |
| 33. Total Contribution Refunds (from line 28d) | | |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 8,215.00 | 8,215.00 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) | 9,427.02 | 13,688.77 |
| 36. Offsets to Operating Expenditures (from line 15) | (3,000.00) | (3,000.00) |
| 37. Net Operating Expenditures (subtract line 36 from 35) | 12,427.02 | 16,688.77 |

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Persons Other Than Political Committees

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

PAGE 1 OF 1
FOR LINE NUMBER 1101

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.

NAME OF COMMITTEE (in Full)

Italian American Democratic Leadership Council

000299396

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|---|-------------------------|------------------------------------|
| Elaine Patricia Piccolomini 194 Washington Avenue Edison N.J. 08817 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Prudential Insurance Co Health Care Analyst Aggregate Year-to-Date > \$ 250.00 | 10/1/95 | \$ 250.00 |
| B. Full Name, Mailing Address and ZIP Code Arthur G. Gajarsa 4408 Foothill Ct Potomac MD 20854 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Joseph Gajarsa McDevitt Reiner Attorney Aggregate Year-to-Date > \$ 500.00 | 10/9/95 | \$ 500.00 |
| C. Full Name, Mailing Address and ZIP Code Joseph Elham Giorgio 1000 St. Eads St. Apt 303 Arlington Va 22202 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Agency for International Development Chief Cash Management Aggregate Year-to-Date > \$ 500.00 | 10/17/95 | \$ 500.00 |
| D. Full Name, Mailing Address and ZIP Code Joseph K. Paolino Tallerrance St. Ste 210 Providence R.I. 02903 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | Self-Employed Realtor Aggregate Year-to-Date > \$ 400.00 | 10/19/95 | \$ 400.00 |
| E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 1650.00

SCHEDULE A

ITEMIZED RECEIPTS

Other Political Committees

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

PAGE 1 OF 1
FOR LINE NUMBER 112

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NAME OF COMMITTEE (in full)

Italian American Democratic Leadership Council

000299396

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|------------------|-------------------------------------|------------------------------------|
| Laborers' Political League 905 16th Street, NW Washington DC 20006 | | 9/22/95 | \$1000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ 1000.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| National Association of Convenience Stores 1605 King Street Alexandria, Va, 22314 | | 9/27/95 | \$1000.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ 1000.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Friends of Sorrentino 991 Ellicott Square Bldg Buffalo, NY 14203 | | 10/11/95 | \$200.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ 200.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Public Service Electric & Gas Co. PAC 80 Park Plaza Newark, NJ 07101 | | 10/11/95 | \$200.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ 200.00 | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| National Education Assoc PAC 1201 16th St NW Washington DC 20036 | | 10/18/95 | \$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ 100.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Hotel Restaurant & Club Man Employees & Bartenders Union 709 Eighth Ave New York, NY 10036 | | 11/2/95 | \$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ 100.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| New York Hotel Motel Trades Council 707 8th Ave New York, NY 10036 | | 11/10/95 | \$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | Aggregate Year-to-Date > \$ 100.00 | |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$2700.00

SCHEDULE A

ITEMIZED RECEIPTS
Other Political Committees

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

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)

Italian American Democratic Leadership Council

000299396

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|---|--------------------------------|---|
| <p><i>Barca for Congress</i> <i>7500 Washington Rd</i> <i>Kenosha WI 53140</i></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p><i>8/29/95</i></p> | <p><i>(3000.00)</i></p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p><i>* Check Returned Due to Insufficient Funds</i></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

(3000.00)

SCHEDULE B

ITEMIZED DISBURSEMENTS
Contributions To Federal Candidates

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.

NAME OF COMMITTEE (In Full) **Italian American Democratic Leadership Council** C00299396

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| CARACCO For Congress P.O. BOX 1553 BOBE ID 83701 | Purpose of Disbursement: <i>Individual House Candidate</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/9/95 | \$ 2000.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only) *\$ 2000.00*

SCHEDULE B

ITEMIZED DISBURSEMENTS
Operating Expenses

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 committees.

NAME OF COMMITTEE (in Full)
Italian American Democratic Leadership Council

000299396

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| Nations Bank P.O. Box 27025 Richmond Va 23261 | Bank Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 8/95 thru 12/95 | \$ 52.00 |
| B. Full Name, Mailing Address and ZIP Code Kosagepe + Spans 1828 1/2 St. NW Suite 1010 Wash DC 20036 | Purpose of Disbursement: Printing IADC Newsletter Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/14/95 | \$ 1777.00 |
| C. Full Name, Mailing Address and ZIP Code Kosagepe + Spans 1828 1/2 St. NW Suite 1010 Wash DC 20036 | Purpose of Disbursement: 5/95 to 6/95 Phone Delivery Trans. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/18/95 | \$ 140.79 |
| D. Full Name, Mailing Address and ZIP Code Charles Guel 1034 The Mending Wall Columbia MD 21044 | Purpose of Disbursement: Office Supplies Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/19/95 | \$ 29.38 |
| E. Full Name, Mailing Address and ZIP Code Su Bin Yum P.O. Box 9212 Boston MA 02209 | Purpose of Disbursement: Ethnic Good Committee Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/11/95 | \$ 34.88 |
| F. Full Name, Mailing Address and ZIP Code Kosagepe + Spans | Purpose of Disbursement: 8/95 IADC Ex. Phone Delivery Trans. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | 12/11/95 | \$ 91.55 |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

2405.60

TOTAL This Period (last page this line number only)

2405.60

ALLOCATION RATIOS

NAME OF COMMITTEE

Italian American Democratic Leadership Council

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

| NAME OF ACTIVITY OR EVENT <i>October 27, 1995 Clinton/Gore Italian American Appointee Fundraiser</i> | FEDERAL % <i>59%</i> | NON-FEDERAL % <i>41%</i> |
|---|-------------------------|-----------------------------|
| NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED | FEDERAL % | NON-FEDERAL % |
| NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED | FEDERAL % | NON-FEDERAL % |
| NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED | FEDERAL % | NON-FEDERAL % |
| NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED | FEDERAL % | NON-FEDERAL % |
| NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED | FEDERAL % | NON-FEDERAL % |
| NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT <input type="checkbox"/> DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: <input type="checkbox"/> NEW <input type="checkbox"/> REVISED <input type="checkbox"/> SAME AS PREVIOUSLY REPORTED | FEDERAL % | NON-FEDERAL % |

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

**JOINT FEDERAL/NON-FEDERAL
ACTIVITY SCHEDULE**

| | |
|--------------|------|
| PAGE / | OF / |
| FOR LINE 21a | |

NAME OF COMMITTEE
Italian American Democratic Leadership Council

| A. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
|--|---------------|----------|--------------|---------------|-------------------|
| Rosario & Spina 1828 L Street NW Suite 100 Wash DC 20036 | | 10/20/95 | \$ 4820.19 | \$ 2841.09 | \$ 1989.10 |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT | | | | | |
| B. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| Rosario & Spina | | 10/20/95 | \$ 191.23 | \$ 111.51 | \$ 79.72 |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input checked="" type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT | | | | | |
| C. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| | | | | | |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT | | | | | |
| D. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| | | | | | |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT | | | | | |
| E. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| | | | | | |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT | | | | | |
| F. FULL NAME, MAILING ADDRESS & ZIP CODE | PURPOSE/EVENT | DATE | TOTAL AMOUNT | FEDERAL SHARE | NON-FEDERAL SHARE |
| | | | | | |
| CATEGORY: <input type="checkbox"/> ADMINISTRATIVE/VOTER DRIVE <input type="checkbox"/> FUNDRAISING <input type="checkbox"/> EXEMPT EVENT YEAR-TO-DATE: \$ DIRECT CANDIDATE SUPPORT | | | | | |
| SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE | | | 5021.42 | 2952.60 | 2068.82 |
| TOTAL THIS PERIOD (last page for each line only) (Fed. share to 21 a.1 and non-Fed. share to 21 a.1) | | | 5021.42 | 2952.60 | |
| TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page) | | | | | |

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.

Hand Delivered

DATE OF RECEIPT

9-16-96

First Class Mail

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JS

PREPARER

9-18-96

DATE PREPARED