

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 00299396
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 checked="" 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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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	COVERING PERIOD	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	Jan 1, 1996 through March 31, 1996		
6. (a) Cash on Hand January 1, 1996	\$ 2,905.93		
(b) Cash on Hand at Beginning of Reporting Period		\$ 2,905.93	
(c) Total Receipts (from Line 18)		\$ 14,293.82	\$ 14,293.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 17,199.75	\$ 17,199.75
7. Total Disbursements (from Line 30)		\$ 4,456.62	\$ 4,456.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 12,743.13	\$ 12,743.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	
10. Debts and Obligations Owed BY 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 800-424-6530
Local 202-219-3420

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: **Charles A. Gueli**
 Signature of Treasurer: *CA Gueli*
 Date: **9/16/96**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X
(revised 8/83)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE Italian American Democratic Leadership Council		REPORT COVERING PERIOD FROM Jan 1, 1996 TO March 31, 1996	
		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)		\$10,500	\$10,500
ii. Unitemized		1,225	1,225
iii. Total (add i and ii) >		11,725	11,725
b. Political Party Committees			
c. Other Political Committees (such as PACs)		1,000	1,000
d. Total Contributions (add a iii, b and c) >		12,725	12,725
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
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		2068.82	2068.82
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		14,793.82	14,793.82
20. Total Federal Receipts (subtract line 18 from line 19) >		\$12,725 =	\$12,725
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures		\$4456.62	\$4456.62
c. Total Operating Expenditures (add a i, a ii, and b) >		4456.62	4456.62
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
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		4456.62	4456.62
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		\$4456.62	\$4456.62
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		\$4456.62	\$4456.62
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		12,725	12,725
33. Total Contribution Refunds (from line 28d)		-	-
34. Net Contributions (other than loans) (subtract line 33 from 32)		12,725	12,725
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		4,456.62	4,456.62
36. Offsets to Operating Expenditures (from line 15)		\$ -	\$ -

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from persons Other Than Political Committees

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jim Tozzi 8995 Lildownet Ct Vienna, Va 22180	Multi-National Business Services Inc Occupation: Doctor	2/9/96	\$ 1,000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Robert Blancato 138 N Jackson Street Arlington Va 22201	Martz, Shea & Blancato Occupation: Partner - Public Affairs	2/6/96 3/14/96	\$ 500 500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
Kathryn M. Zovich, MD 7741 Heatherton Ln Potomac, Md 20854	NABI (UNIVAX Biologies) Occupation: Dr. Clinical Research	2/16/96	\$ 1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Arthur Gazarsa 9408 Firethorn Ct Potomac, Md 20854	Joseph Gazarsa McDemott Peiner Occupation: Attorney	3/14/96	\$ 4500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 4500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Marinaccio 2911 Massachusetts Ave NW Washington DC 20016	Scripture Health Insurance Corp Occupation: Attorney	3/14/96	\$ 1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James Dea-ppe 8403 Tatumdale College Park MD 20740	Dea-ppe & Spaw Occupation: Principal	3/18/96	\$ 1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert DeL Turo 13 Ober Road Princeton NJ 08540	Madison Arms, State Meagher & From Occupation: Attorney	3/9/96	\$ 1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		

SUBTOTAL of Receipts This Page (optional) **10,500**

TOTAL This Period (last page this line number only) **10,500**

SCHEDULE A

ITEMIZED RECEIPTS
Other Political Committees

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Building & Construction Trades Dept 815 16th Street NW Washington DC 20006		3/11/96	\$ 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) **1,000**

TOTAL This Period (last page this line number only) **1,000**

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.

<p>NAME OF ACTIVITY OR EVENT <i>October 10, 1995 Clinton/Carole Halon American Apprentice Fundraiser</i></p> <p>ACTIVITY IS: <input checked="" 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</p>	<p>FEDERAL % <i>59%</i></p>	<p>NON-FEDERAL % <i>41%</i></p>
<p>NAME OF ACTIVITY OR EVENT</p> <p>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</p>	<p>FEDERAL %</p>	<p>NON-FEDERAL %</p>
<p>NAME OF ACTIVITY OR EVENT</p> <p>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</p>	<p>FEDERAL %</p>	<p>NON-FEDERAL %</p>
<p>NAME OF ACTIVITY OR EVENT</p> <p>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</p>	<p>FEDERAL %</p>	<p>NON-FEDERAL %</p>
<p>NAME OF ACTIVITY OR EVENT</p> <p>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</p>	<p>FEDERAL %</p>	<p>NON-FEDERAL %</p>
<p>NAME OF ACTIVITY OR EVENT</p> <p>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</p>	<p>FEDERAL %</p>	<p>NON-FEDERAL %</p>
<p>NAME OF ACTIVITY OR EVENT</p> <p>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</p>	<p>FEDERAL %</p>	<p>NON-FEDERAL %</p>

RECEIPT SCHEDULE H3

(effective 1/1/91)

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

NAME OF COMMITTEE Italian American Democratic Leadership Council		TOTAL AMOUNT TRANSFERRED
NAME OF ACCOUNT Italian American Democratic Leadership Council - Non Federal Acct.	DATE OF RECEIPT 2/5/96	\$ 2068.82

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount For Each)				
a) <i>Other 10, 11, 15 fundraisers</i>		<i>2068.82</i>		
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

NAME OF ACCOUNT	DATE OF RECEIPT	\$
-----------------	-----------------	----

	BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT	
i) Total Administrative/Voter Drive				
ii) Direct Fundraising (List Events-Amount for Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Direct Fundraising				
iii) Exempt Activity/Direct Candidate Support (List Events-Amount For Each)				
a) _____				
b) _____				
c) _____				
d) _____				
e) Total Amount Transferred For Exempt Activity/Direct Candidate Support				

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN/VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DOS
SUBTOTAL THIS PAGE			
TOTAL THIS PERIOD			

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenses

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

PAGE 1 OF 1
FOR LINE NUMBER 212

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Order Sons of Italy in America 219 G Street, NE Washington DC 20002	Purchase of Add in Italian American Magazine for IADLC	1/30/96	\$ 930.00
John Bates #5 Hutchinson Ln Leu West, Fla 33040	Ferraro/Civolo Inspecting Package	1/30/96	\$ 1,000.00
Kosarew, Spurno S 1828 L Street NW Suite 1010 Washington DC 20023	IADLC - 175 Operating Exp. (Pure Yang Fox Trans)	1/30/96 3/11/96	\$ 21.60 738.10
Karen Lewis 1828 L Street, NW Suite 1010 Washington DC 20023	IADLC Operating Exp.	2/1/96	\$ 44.87
Charles (Gue) Standing Wall 10034 The Hanging Wall Columbia MD 21044	IADLC Operating Exp.	3/1/96	\$ 75.11
Aristate Publishing Co 205 Penn. Ave SE Washington DC 20003	Mailing Lists	3/1/96	\$ 1647.04
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)

4456.62

TOTAL This Period (last page this line number only)

4456.62

**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 checked="" type="checkbox"/>	Hand Delivered	DATE OF RECEIPT	<i>7-16-96</i>
<input type="checkbox"/>	First Class Mail	POSTMARKED	
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED	
<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	
<i>SES</i>		<i>9-18-96</i>	
PREPARER		DATE PREPARED	