STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
APR 16 1 02 PM '98

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed) Italian American Democratic Leadership Council	2. DATE April 1, 1998
(b) Number and Street Address ☒ (Check if address is changed) 1275 K Street NW Ste - 602	3. FEC Identification Number
(c) City, State and ZIP Code Washington DC 20005	4. Is This Report An Amendment? ☒ YES ☐ 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 _____ (name of candidate) and is NOT an authorized committee.

☐ (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

☐ (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

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Co

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee records.

Full Name	Mailing Address	Title or Position
CHARLES A GUELI	1275 K ST NW Ste 602 WASHINGTON DC 20005	TREASURER

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of this committee and the name and address of a agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Charles A. Gueli	Same as above	TREASURER

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety dep or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code

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	SIGNATURE OF TREASURER	DATE
Charles A Gueli	[signature]	4/1/98

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE6AN053

FEC FORM 1
(revised 4/87)