

# ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL

## HONORARY CO-CHAIRS

THE HONORABLE MARIO CUOMO

THE HONORABLE GERALDINNE FERRARO

HAND DELIVERED

## BOARD OF ADVISORS

HONORABLE CHRISTOPHER DODD

HONORABLE JOHN BALDACCIO  
HONORABLE PETER DEFAZIO  
HONORABLE ROSA DELACRO  
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HONORABLE BILL PASCRILL  
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January 28, 1997

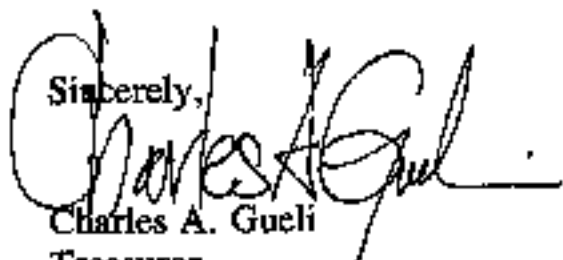
Mr. Edward D. Ryan  
Report Analysis Division  
Federal Elections Commission  
999 E Street, N.W.  
Washington, DC 20463

Dear Mr. Ryan:

Re: Quarterly Report 11/26/96 - 12/31/96  
C00299396

Please find enclosed the Italian American Democratic Leadership Council's November 26 - December 31, 1996 Report.

Sincerely,

  
Charles A. Gueli  
Treasurer

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
REPORTS ANALYSIS  
DIVISION

JAN 31 1 22 PM '97

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
REPORTS ANALYSIS  
DIVISION  
JAN 31 1 22 PM '97

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full) <b>Italian American Democratic Leadership Council</b>	2. FEC IDENTIFICATION NUMBER <b>000299396</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>1828 L Street, NW, Suite 1010</b>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <b>Washington, D.C. 20036</b>	

## 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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>November 26, 1996</u> through <u>December 31, 1996</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u> <u>\$2905.93</u>		\$
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>3473.50</u>	
(c) Total Receipts (from Line 19)	\$ <u>5825.95</u>	\$ <u>75,242.02</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>9299.45</u>	\$ <u>78,147.95</u>
7. Total Disbursements (from Line 20)	\$ <u>2847.09</u>	\$ <u>71,695.59</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>6452.36</u>	\$ <u>6,452.36</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 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: Charles A. Goeli

Signature of Treasurer: [Signature] Date: 1/28/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
<b>Italian American Democratic Leadership Council</b>	FROM <b>11/26/96</b>	TO <b>12/31/96</b>
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	4,500.-	38,250.-
ii. Unitemized	-	31,692.50
iii. Total (add i and ii) >	4,500.-	46,942.50
b. Political Party Committees	-	-
c. Other Political Committees (such as PACs)	1,000.-	14,000.-
d. Total Contributions (add a ii, b and c) >	5,500.-	60,942.50
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	375.95	375.95
17. Other Federal Receipts (Dividends, Interest, etc.)	-	13,973.57
18. Transfers from Nonfederal Account for Joint Activity	5825.95	15,707.07
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	5825.95	15,707.07
20. Total Federal Receipts (subtract line 18 from line 19) >	5825.95	61,268.95
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	-	12,217.14
ii. Non-Federal Share	2847.09	11,904.75
b. Other Federal Operating Expenditures	2847.09	15,576.70
c. Total Operating Expenditures (add a i, a ii, and b) >	2847.09	39,698.59
22. Transfers to Affiliated/Other Party Committees	-	-
23. Contributions to Federal Candidates/Committees and Other Political Committees	-	52,000.-
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. Individual/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	2847.09	71,695.59
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2847.09	59,787.84
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2847.09	59,787.84
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	5,500.-	60,942.50
33. Total Contribution Refunds (from line 28d)	-	-
34. Net Contributions (other than loans) (subtract line 33 from 32)	5,500	60,942.50
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	2847.09	27,790.84
36. Offsets to Operating Expenditures (from line 15)	-	-
37. Net Operating Expenditures (subtract line 36 from 35) >	2847.09	27,790.84

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 1a

**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

000299396

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Peter C. Alegi 44 Avenue Street Danbury, CT 06824	Alegi & Associates President	12/3/96	\$ 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
John Correnti 6833 Aronson Rd. Charlotte, NC 28210	Pillar Corporation Vice Chair Pres & CEO	12/6/96	\$ 2500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lennis Belmontini 4927 Crescent St Bethesda, MD 20816	Narry & Roman Soc. Inc. Attorney	12/6/96	\$ 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
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):	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):	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):	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):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$ 4500.-

TOTAL This Period (last page this line number only)

\$ 4500.-

**SCHEDULE A**

**ITEMIZED RECEIPTS**  
Other Political Committees

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

PAGE 11 OF 11  
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

Italian American Democratic Leadership Council

000299396

A. Full Name, Mailing Address and ZIP Code Friends of John Lafalce c/o Robert Greene 3400 Marine Midland Center Buffalo, NY 14203 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer _____ Occupation _____ Aggregate Year-to-Date > \$	Date (month, day, year) 12/3/10	Amount of Each Receipt this Period \$ 1000.00
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer _____ Occupation _____ Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer _____ Occupation _____ Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer _____ Occupation _____ Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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 <input type="checkbox"/> Other (specify):	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 <input type="checkbox"/> Other (specify):	Name of Employer _____ Occupation _____ Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

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

\$ 1000.00

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

\$ 1000.00

**SCHEDULE A**

*Other Federal Receipts*

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 17

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 Terricelli for U.S. Senate PO BOX 594 New Brunswick, NJ 08903 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): <i>Postage for Mailing</i>	Name of Employer — Occupation Aggregate Year-to-Date > \$ 325.95	Date (month, day, year) 12/6/96	Amount of Each Receipt this Period \$ 325.95
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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 <input type="checkbox"/> Other (specify):	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 <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

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

325.95

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

325.95

**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

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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
Rosagape & Spanos 828 C Street NW Ste 1010 Washington DC 20036	Sept 96 Operating Exp Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/96	\$ 568.73
Rosagape & Spanos	Newsletter Making Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/96	\$ 360.96
Rosagape & Spanos	Oct 96 Operating Exp Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/10/96	\$ 675.10
Nations Bank	Stop Payment Fee Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/96	\$ 25.00
Karen Lewis 828 C Street NW Ste 1010 Washington DC 20036	Sperry Committee Exp Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/20/96	\$ 7.30
Karen Lewis	Inauguration Event Making Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/20/96	\$ 1216.00

SUBTOTAL of Disbursements This Page (optional)

2847.09

TOTAL This Period (last page this line number only)

2847.09

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

1-31-97

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*JES*  
PREPARER

1-31-97  
DATE PREPARED