

ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL

HONORARY CO-CHAIRS

THE HONORABLE MARIO CUOMO

THE HONORABLE GERALDINE FERRARO

BOARD OF ADVISORS

HONORABLE CHRISTOPHER DODD

HONORABLE JOHN BALDACCIO
HONORABLE PETER DEFAZZO
HONORABLE ROSA DELAUBO
HONORABLE MIKE DOYLE
HONORABLE VIC FAZZO
HONORABLE THOMAS FOGLIETTA

CHAIRMAN DONALD FOWLER

HONORABLE JOHN J. LaFALCE
HONORABLE PATRICK J. LEAHY
HONORABLE FRANK MASCARA
HONORABLE GEORGE MILLER
HONORABLE JOHN JOSEPH MICAGLIFY

HONORABLE MARTIN FROST

HONORABLE JAMES L. OBERSTAR
HONORABLE FRANK PALLONE, JR.
HONORABLE NANCY PELOSI
HONORABLE ROBERT G. TORRICELLI
HONORABLE JAMES TRAFFICANT, JR.
HONORABLE BRUCE VENTO

BOARD OF DIRECTORS

JOHN CALVELLI
MARIE CHELLI
ARTHUR A. COIA
MELLO COTTONE
ROBERT DR. TURO
DOMINIC DEFRUSCO

JOSEPH DIVINCENZO
ARTHUR GAFFANA
FRANK GUARINI
CHARLES GIBLI
RAY GUSTINI
PAUL HALLISAY

ROBERT JULIANO
CHARLES MARZACCIO
MARIO PERRUCCI
PHILIP R. PICCOLALLO
PAULYNE CANNICELLI PUDIXIS
ANTHONY PUGGETTA

PATRICK RAFFANELLO
JAMES C. ROSSIGNOL
CHARLES SCALERA
VINCENT SORRENTINO
JAMES TOZZE
LEO C. ZEPERETTI
KATHRYN ZINICHI, MD

April 15, 1996

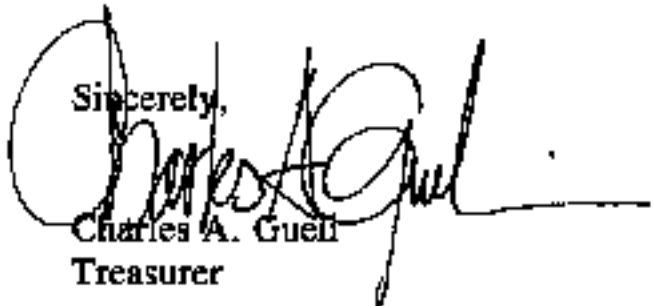
Mr. Edward D. Ryan
Report Analysis Division
Federal Elections Commission
999 E Street, N.W.
Washington, DC 20463

Dear Mr. Ryan:

Re: Quarterly Report 1/1/96 - 3/31/96

Please find enclosed the Italian American Democratic Leadership Council's April 15, 1996, Quarterly Report.

Sincerely,


Charles A. Guelli
Treasurer

APR 15 2 02 PM '96
FEDERAL ELECTIONS COMMISSION

9 6 0 3 0 4 2 2 3 7 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

APR 15 2 23 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Italian American Democratic Leadership Council	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 1828 L Street, NW, Suite 1010	2. FEC IDENTIFICATION NUMBER 00299396
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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Jan 1, 1996 through March 31, 1996</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u> <u>\$ 2,905.93</u>		\$
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>2,905.93</u>	
(c) Total Receipts (from Line 19)	\$ <u>14,293.82</u>	\$ <u>14,293.82</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>17,199.75</u>	\$ <u>17,199.75</u>
7. Total Disbursements (from Line 30)	\$ <u>4,456.62</u>	\$ <u>4,456.62</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>12,743.13</u>	\$ <u>12,743.13</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 20403 Toll Free 800-424-9530 Local 202-219-3420
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. Gueli

Signature of Treasurer: [Signature] Date: 4/15/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

9 6 0 3 0 4 2 2 3 7 4

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	TO	
	JAN 1, 1996	MARCH 31, 1996	
L 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)	\$10,500	10,500	11(a)(i)
ii. Unitemized	725	725	11(a)(ii)
ii. Total (add i and ii) >	11,225	11,225	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	1,000	1,000	11(c)
d. Total Contributions (add a ii, b and c) >	12,225	12,225	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity	2068.82	2068.82	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	14,293.82	14,293.82	19
20. Total Federal Receipts (subtract line 18 from line 19) >	\$ 12,225 -	\$ 12,225	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	\$ 4,456.67	\$ 4,456.67	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	4,456.67	4,456.67	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,456.67	4,456.67	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$ 4,456.67	\$ 4,456.67	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	12,225	12,225	32
33. Total Contribution Refunds (from line 28d)	-	-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	12,225	12,225	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	4,456.67	4,456.67	35
36. Offsets to Operating Expenditures (from line 15)	-	-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	\$ 4,456.67	\$ 4,456.67	37

9 6 0 3 0 4 2 2 3 7 5

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER

1112A1

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

9
6
0
3
0
4
2
2
3
7
6

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jim Topp 8775 Kildownet Ct Vienna, Va 22180	Multi-National Business Services Inc Occupation: Director	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 Bianco 138 N Jackson Street Arlington Va 22201	Matz, Shea & Bianco Occupation: Partner - Public Affairs	12/6/96 2/14/96	\$ 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 741 Heatherton Ln Potomac, Md 20854	NABI (UNIVAX Biologies) Occupation: 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 Gajarsa 9408 Fireham Ct Potomac, Md 20854	Joseph Gajarsa McDermott Peiner Occupation: Attorney	3/4/96	\$ 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 Marnaccip 4911 Massachusetts Ave NW Washington DC 20016	Equity Investors Fraction 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 Vasa 8403 Patuxent Dale College Park MD 20740	Resapeake & 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 DeLuca 13 Oper Road Princeton NJ 08540	Gladden Apps, State Neagor & 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**

See separate schedules
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 110

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 Building & Construction Trades Dept 815 116th Street NW Washington DC 20006	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 3/11/96	Amount of Each Receipt this Period \$ 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

96030422377

SUBTOTAL of Receipts This Page (optional)	1,000
TOTAL This Period (last page this line number only)	1,000

SCHEDULE A

ITEMIZED RECEIPTS

Transfers from Nonfederal Account for Joint Activity

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 10

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NAME OF COMMITTEE (In Full)

Italian American Democratic Leadership Council

000299396

A. Full Name, Mailing Address and ZIP Code Italian American Democratic Leadership Council 1828 G Street NW Suite 1010 Wash. DC 20036	Name of Employer I-Non Fed Act	Date (month, day, year) 2/5/96	Amount of Each Receipt this Period \$ 2068.82
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code			
Name of Employer			
Date (month, day, year)			
Amount of Each Receipt this Period			
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
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			
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
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			
Occupation			
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			
Occupation			
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			
Occupation			
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			
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			

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SUBTOTAL of Receipts This Page (optional)	\$ 2068.82
TOTAL This Period (last page this line number only)	\$ 2068.82

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	FEDERAL %	NON-FEDERAL %
<p><i>October 10, 1995 Clinton/ Gore Italian American Appointee 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><i>59%</i></p>	<p><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>	FEDERAL %	NON-FEDERAL %
<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>	FEDERAL %	NON-FEDERAL %
<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>	FEDERAL %	NON-FEDERAL %
<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>	FEDERAL %	NON-FEDERAL %
<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>	FEDERAL %	NON-FEDERAL %
<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>	FEDERAL %	NON-FEDERAL %

96030422379

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>CONTR 10,115</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/DCS	
SUBTOTAL THIS PAGE				
TOTAL THIS PERIOD				

96030422390

SCHEDULE B

ITEMIZED DISBURSEMENTS

Operating Expenses

Use separate schedules 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

95030422331

A. 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 Ad in Italian American Magazine for IADLC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/96	\$ 930.00
John Bates 45 Hutchinson Ln Leu West, Fla 33040	Travel/Video Prospecting Package Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/96	\$ 1,000.00
Rodrigo + Diana S 1828 L Street NW Suite 1010 Washington DC 20023	IADLC - 1995 Operating Exp. (Phone, Xerox, Fax, Trans) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/30/96 3/11/96	\$ 21.60 738.10
Koren Lewis 1828 L Street, NW Suite 1010 Washington DC 20023	IADLC Operating Exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/1/96	\$ 44.87
Charles Gueji 12034 The Mending Wall Columbia MD 21044	IADLC Operating Exp. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/1/96	\$ 75.11
Aristate Publishing Co 705 Bond, NE SE Washington DC 20003	Printing Lists Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	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>4-16-96</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

SLB
 PREPARER

4-16-96
 DATE PREPARED

96030422332