Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL 1990 K Street, NW ADDRESS (number and street) Suite 320 (Check if address is changed) Washington 20006 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@iadlc.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00299396 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Sirey, Aileen, , , Type or Print Name of Treasurer Sirey, Aileen, , , [Electronically Filed] 03 26 2019 Signature of Treasurer Date 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	1 ago 2
Cano	didate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
Name Candi			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	57	T ago o
	AN DEMOCRATIC LEADERSHIP COU	NCIL
	zation, Affiliated Committee, Joint Fundraising Representative, or Leadersh	
NONE		
Mailing Address		
	CITY STATE 2	ZIP CODE
Relationship: Connected Orga	nization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
 Custodian of Records: Identify by books and records. 	name, address (phone number optional) and position of the person in poss	session of committee
Sirey, Aileen, , ,		
140	Riverside Blvd-2602	
Mailing Address		
. Nev	, York , NY , 10069	
1186	TOIK 101 101 101 101 101 101 101 101 101 10	
Title or Position	CITY STATE Z	ZIP CODE
Treasurer	Telephone number	
8. Treasurer: List the name and addr any designated agent (e.g., assista	ess (phone number optional) of the treasurer of the committee; and the nam nt treasurer).	ne and address of
Full Name Sirey, Aileen, , ,		ı
of Treasurer	Riverside Blvd-2602	
Mailing Address	<u></u>	
L New	York NY 10069	
Title or Position , Treasurer	CITY STATE Z	IP CODE

Telephone number

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Full Name of Designated Agent	Bianca, Angelique, , ,	
Mailing Address	s 1990 K Street, NW	
	Washington DC 20006 CITY STATE Z	ZIP CODE
Title or Position Assistant Treas		
safety deposit be	er Depositories: List all banks or other depositories in which the committee deposits funds, holds boxes or maintains funds. , Depository, etc.	accounts, rents
	United Bank	I
Mailing Address	1667 K Street, NW	
	Washington DC 20006	1
	Washington 2000	
		7IP CODE
Name of Bank,		ZIP CODE
Name of Bank,	CITY STATE 2	ZIP CODE
	CITY STATE :	ZIP CODE
Name of Bank, Mailing Address	CITY STATE :	ZIP CODE
	CITY STATE :	ZIP CODE