

HAND DELIVERED

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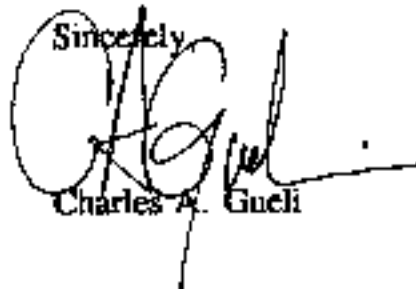
June 20, 1995

Mr. Edward D. Ryan
Report Analysis Division
Federal Elections Commission
999 E Street, NW
Washington, D.C. 20463

Dear Mr. Ryan:

Attached please find the following application for Multicandidate Status. Please contact me at (202) 429-4649 if you have any additional questions.

Sincerely,



Charles A. Gueli

CG/cb

JUN 28 11 21 AM '95
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NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

JUN 28 11 21 AM '95

1. (a) NAME OF COMMITTEE IN FULL Italian American Democratic Leadership Council	2. FEC IDENTIFICATION NUMBER 000299396
(b) Number and Street Address 1828 L Street, NW, Suite 1010	3. TYPE OF COMMITTEE (check one) <input type="checkbox"/> STATE PARTY <input type="checkbox"/> OTHER
(c) City, State and ZIP Code Washington DC 20036	

I certify that one of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____
FEC Identification Number: _____

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	Peter Denaro	Congressman	IL/1st	11/1/94
(ii)	Peter Barca	Congressman	WI/1st	11/1/94
(iii)	Larry Calvo	Congressman	ID/1st	11/1/94
(iv)	Jim Oberstar	Congressman	MN/8th	11/1/94
(v)	Peter DeFazio	Congressman	OR/4th	11/1/94

(b) **Contributors:** The committee received a contribution from its 51st contributor on: November 3, 1994

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: October 20, 1994

(d) **Qualification:** The committee met the above requirements on: April 20, 1995

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 Charles A. Ober	SIGNATURE OF TREASURER <i>[Signature]</i>	DATE 6/9/95
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

