

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <b>ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL</b>	RECEIVED FEDERAL ELECTION COMMISSION COPY 10/20/94 PUBLIC INFORMATION NUMBER MAR 31 10 45 AM '95 IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>1828 L Street, NW, Suite 1010</b>	
(c) City, State and ZIP Code <b>Washington, DC 20036</b>	

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 \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
  - (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
  - (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.

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  Cooperative

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

Full Name	Mailing Address	Title or Position
<b>Charles A. Guelli</b>	<b>10034 The Mending Wall Columbia, MD 21044</b>	<b>Treasurer</b>

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
<b>Charles A. Guelli</b>	<b>10034 The Mending Wall Columbia, MD 21044</b>	<b>Treasurer</b>

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

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
<b>Nationsbank of Virginia</b>	<b>P.O. Box 27025 Richmond Va. 23261-7025</b>

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 <b>Charles A. Guelli</b>	SIGNATURE OF TREASURER 	DATE <b>10/20/94</b>
---	----------------------------	-------------------------

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 202-376-3120

**FEC FORM 1**  
(revised 4/87)

95032704809

**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  
*3-30-95*

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

*HeH*  
PREPARER

*3-31-95*  
DATE PREPARED

9 5 0 3 9 . 0 1 3 7 0