

ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
SECTION

HONORARY CO-CHAIRS

THE HONORABLE MARIO CUOMO

THE HONORABLE GERALDINE FERRARO

MAR 31 9 58 AM '95

BOARD OF ADVISORS

HONORABLE JOHN BALDACE
HONORABLE PETER DEFazio
HONORABLE ROSA DELAURE
HONORABLE MIKE DOYLE
HONORABLE VIC FAZIO
HONORABLE THOMAS FOGLIETTA

HONORABLE JOHN J. LAFALCA
HONORABLE PATRICK J. LEAHY
HONORABLE FRANK MASCARA
HONORABLE GEORGE MILLER
HONORABLE JOHN JOSEPH MOAKLEY

HONORABLE JAMES L. OBERSTAR
HONORABLE FRANK FALLONE, JR.
HONORABLE NANCY PELOSI
HONORABLE ROBERT G. TORRICELLI
HONORABLE JAMES TRAFICANT, JR.
HONORABLE BRUCE VENTO

BOARD OF DIRECTORS

JOHN CALVELLI
MARTIN CHELLI
ARTHUR A. CODA
NELLO COTTONE
ROBERT DEL TUPO
DOMINIC DIFRUSCO

JOSEPH DIVINCENZO
ARTHUR GAZARSA
FRANK GUARINI
CHARLES GUELLI
RAY GUSTINI
PAUL HALLWAY

ROBERT JULIANO
CHARLES MARINACIO
MARIO PERRUCCI
PHILIP R. PIZZIGALLO
PAULSTYNE CARACCIELLI PISCOCK
ANTHONY PODERTA

PATRICK RAPPARELLO
JAMES C. ROSAPEPE
CHARLES SCALERA
VINCENT SORRENTINO
LEO C. ZEPERETTI
KATHRYN ZUNICH, MD

March 13, 1995

The Honorable Peter Barca
2500 Washington Road
Kenosha, WI 53140

Dear Peter:

We have recently discovered that, due to the fact that our PAC had not officially attained multicandidate status at the time contributions were made to you, we were limited to give only up to \$1000 from the IADLC PAC. We regret this mistake was made, however are obligated to request you reimburse our committee for the portion of the funding that exceeds this amount. We expect to attain official status in April of this year and, at that point, will enthusiastically continue our support through assistance with the retirement of your campaign debt.

Again, we regret the inconvenience and look forward to supporting your political endeavors in the future.

Sincerely,


Colleen Barry

95032704371

ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL

HONORARY CO-CHAIRS

THE HONORABLE MARIO CUOMO

THE HONORABLE GERALDINE FERRARO

BOARD OF ADVISORS

HONORABLE JOHN BALDACC
HONORABLE PETER DEFAZIO
HONORABLE ROSA DELAURD
HONORABLE MISS DOYLE
HONORABLE VIC PAZZO
HONORABLE THOMAS FOGLETTA

HONORABLE JOHN J. LAFALCE
HONORABLE PATRICK J. LEAHY
HONORABLE FRANK MASCARA
HONORABLE GEORGE MILLER
HONORABLE JOHN JOSEPH MCARLEY

HONORABLE JAMES L. OBERSTAR
HONORABLE FRANK FALLONE, JR.
HONORABLE NANCY PELDSI
HONORABLE ROBERT O. TORRICELLI
HONORABLE JAMES TRAFICANT, JR.
HONORABLE BRUCE VENTO

BOARD OF DIRECTORS

JOHN CALVELLI
MARIE CHELLI
ARTHUR A. COIA
MELLO COTTONE
ROBERT DEL TUFO
DOMINIC DIFRANCO

JOSEPH DIVINCENZO
ARTHUR GAJARA
FRANK GUARINI
CHARLES GUELI
RAY GUSTINI
PAUL HALLISAY

ROBERT JILLANO
CHARLES MARINACCIO
MARIO PERROCCI
PHILIP R. PICCIGALLO
PAULETTE CARNICELLI PICCOCK
ANTHONY PODRSTA

PATRICK RAFFANELLO
JAMES C. ROSAPEPE
CHARLES SCALERA
VINCENT SCORRINTINO
LEO C. ZEPERETTI
KATHRYN ZUNICH, MD

March 13, 1995

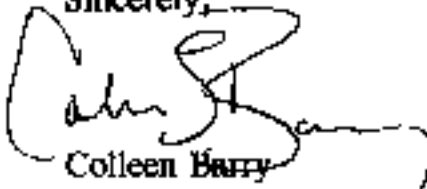
Ms. Mary Hindson
LaRocco For Congress
P.O. Box 1553
Boise, ID 83701

Dear Mary:

As we discussed this morning, We have recently discovered that, due to the fact that our PAC had not officially attained multicandidate status at the time contributions were made to the LaRocco campaign, we were limited to give only up to \$1000 from the IADLC PAC. We regret this mistake was made, however are obligated to request you reimburse our committee for the portion of the funding that exceeds this amount. We expect to attain official status in April of this year and, at that point, will enthusiastically continue our support through assistance with the retirement of Mr. LaRocco's campaign debt.

Again, we regret the inconvenience and look forward to supporting Mr. LaRocco's political endeavors in the future.

Sincerely,


Colleen Barry

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
PUBLIC DISCLOSURE DIVISION

MAR 31 9 50 AM '95

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) **ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL**

ADDRESS (number and street) Check if different than previously reported
1828 L Street, N.W. Suite 1010

CITY, STATE and ZIP CODE
Washington, D.C. 20036

2. FEC IDENTIFICATION NUMBER
000291396

3. 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:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

Twelfth day report preceding _____
(Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on
11/8/94 in the State of **Wash DC**

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period October 1, 1994 through December 28, 1994		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 _____		\$
	(b) Cash on Hand at Beginning of Reporting Period _____	\$ 8,637.98	
	(c) Total Receipts (from Line 19) _____	\$ 22,265.00	\$
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) _____	\$ 30,904.98	\$
7.	Total Disbursements (from Line 30) _____	\$ 17,973.97	\$
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) ...	\$ 12,931.01	\$
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 800-424-9830 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. Coeli**

Signature of Treasurer: *[Signature]*

Date: **3/28/95**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

2 5 0 3 9 . 0 4 3 7 3

SCHEDULE A

ITEMIZED RECEIPTS

(Contributions from Persons Other Than Political Committees)

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 3
FOR LINE NUMBER 11(a)

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald S. Winton 2309 Commonwealth Ave Arlington Va. 22201	Ron Winton & Associates Occupation	11/3/94	\$ 1,000.00
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
Dr. Eugene K. Casagrande 3666 Wilshire Blvd #1136 Los Angeles, CA 90010	Self Employed Occupation Dentist	11/3/94	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim J. Tozzi 8995 Kildowent Ct Vienna Va. 22180	Multinational Business Services, Inc Occupation Director	11/3/94	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip K. Riccigallo 4101 Bedrock Ct Alexandria Va 22306	Sons of Italy Occupation Executive Director	11/3/94	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur J. Gajarsa 9408 Firehorn Ct. Potomac MD 20854	Stephen Gajarsa McDonnell Reiner Occupation Attorney	11/3/94	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William N. Bartolone 2811 F. SO Woodrow St. Arlington Va 22206	Cray Research Inc Occupation Dir. Govt. Programs	11/3/94	\$ 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Faulette Tidcock 1310 Swan Harbour Rd. Ft. Washington MD 20744	Baltimore Gas & Electric Co. Occupation Dir. Govt. Affairs	11/3/94	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 3550.00

350570435

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Persons Other than Political Committee

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

PAGE **2** OF **3**
FOR LINE NUMBER **11(a)**

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)

National American Democratic Leadership Council

9 5 0 3 9 7 0 4 8 7 6

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Arthur J. Gagnier 9408 Fretwell Ct Potomac, MD 20854</i>	<i>Joseph J. Gagnier, McDermott Reiner Attorney</i>	<i>10/5/94</i>	<i>2000.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		<i>> \$ 2000.00</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Robert Starcato 138 N Jackson St Arlington Va 22201</i>	<i>Joseph White, First Conference On Aging</i>	<i>10/5/94</i>	<i>\$375.00</i>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	
		<i>> \$ 375.00</i>	
C. 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):	Occupation	Aggregate Year-to-Date	
		<i>> \$</i>	
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):	Occupation	Aggregate Year-to-Date	
		<i>> \$</i>	
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):	Occupation	Aggregate Year-to-Date	
		<i>> \$</i>	
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):	Occupation	Aggregate Year-to-Date	
		<i>> \$</i>	
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):	Occupation	Aggregate Year-to-Date	
		<i>> \$</i>	

SUBTOTAL of Receipts This Page (optional)	<i>1375.00</i>
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3

FOR LINE NUMBER

Contributions From Persons Other Than Political Committees

11(a)

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NAME OF COMMITTEE (If Full)

Hakon American Democratic Leadership Council

<p>A. Full Name, Mailing Address and ZIP Code William F. Pauls 21 Springwood Drive Turnbull Court, Ct 06011</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Intel Technology Corporation</p> <p>Occupation Senior Vice President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 7/5/94</p>	<p>Amount of Each Receipt this Period \$ 500.00</p>
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<p>B. Full Name, Mailing Address and ZIP Code Paul S. Plo 155 Sheldon Road Manchester, Ct 06045</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Super Manufacturing Company Inc.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1750.00</p>	<p>Date (month, day, year) 7/24/94</p>	<p>Amount of Each Receipt this Period \$ 1750.00</p>
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<p>C. Full Name, Mailing Address and ZIP Code Neil T. Proto 2733 Orinway St, NW Apt 6 Washington DC 20008</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Long Capital Bankhead McPherson & Bond</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 7/15/94</p>	<p>Amount of Each Receipt this Period \$ 250.00</p>
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<p>D. Full Name, Mailing Address and ZIP Code CP Kizzito 1 Cummings Point Road Stamford, Ct 06904</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Conar Corporation</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 7/28/94</p>	<p>Amount of Each Receipt this Period \$ 250.00</p>
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<p>E. Full Name, Mailing Address and ZIP Code Gordon B. Lasow 102 Hollister St Manchester, Ct. 06040</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 7/25/94</p>	<p>Amount of Each Receipt this Period \$ 250.00</p>
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<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
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<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
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SUBTOTAL of Receipts This Page (optional)

\$ 3000.00

TOTAL This Period (last page this line number only)

\$ 8975.00

9503470437

SCHEDULE A

ITEMIZED RECEIPTS
(Other 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

A. Full Name, Mailing Address and ZIP Code Laborers Political League 905 16 Street NW Washington DC 20006	Name of Employer	Date (month, day, year) 11/3/94	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 1000.00			

B. Full Name, Mailing Address and ZIP Code Great Western Financial Corp Good Government Committee 7703 Oakdale Ave, Chatsworth, CA 91311	Name of Employer	Date (month, day, year) 11/3/94	Amount of Each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 1000.00			

C. Full Name, Mailing Address and ZIP Code Service Employees International Union 1313 L Street NW Washington DC 20005	Name of Employer	Date (month, day, year) 11/3/94	Amount of Each Receipt this Period \$5000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 5000.00			

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):	Occupation		
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):	Occupation		
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):	Occupation		
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):	Occupation		
Aggregate Year-to-Date > \$			

950304303

SUBTOTAL of Receipts This Page (optional)	\$ 7000.00
TOTAL This Period (last page this line number only)	\$ 7000.00

SCHEDULE A

ITEMIZED RECEIPTS
(Other Political Committees)

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

PAGE 2 OF 2
 FOR LINE NUMBER 11(C)

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

A. Full Name, Mailing Address and ZIP Code <i>Political Education Fund of Building & Construction Trades</i> <i>815 16th Street, NW</i> <i>Washington DC 20006</i>	Name of Employer _____	Date (month, day, year) <i>9/28/94</i>	Amount of Each Receipt this Period \$ <i>100.00</i>
	Occupation _____	Aggregate Year-to-Date > \$ <i>100.00</i>	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		

B. Full Name, Mailing Address and ZIP Code <i>Airline Pilots Association</i> <i>1625 Massachusetts Ave, NW</i> <i>Washington DC 20036</i>	Name of Employer _____	Date (month, day, year) <i>9/29/94</i>	Amount of Each Receipt this Period \$ <i>100.00</i>
	Occupation _____	Aggregate Year-to-Date > \$ <i>100.00</i>	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		

C. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	Aggregate Year-to-Date > \$ _____	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		

D. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	Aggregate Year-to-Date > \$ _____	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		

E. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	Aggregate Year-to-Date > \$ _____	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		

F. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	Aggregate Year-to-Date > \$ _____	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		

G. Full Name, Mailing Address and ZIP Code _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	Aggregate Year-to-Date > \$ _____	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____		

SUBTOTAL of Receipts This Page (optional)

\$200.00

TOTAL This Period (last page this line number only)

\$900.00

9 5 0 3 9 7 0 4 3 9

SCHEDULE B ITEMIZED DISBURSEMENTS
(Contributions to Federal Candidates)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mascara for Congress P.O. Box 1109 Washington, PA 15301	Contribution to Frank Mascara House Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/94 10/24/94	\$500.00 \$500.00
DiDonato for Congress P.O. Box 30 New Philadelphia, OH 44663	Contribution to Greg DiDonato House Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/94 10/24/94	\$500.00 \$500.00
Balacci for Congress 81 Main Street Bangor, Maine 04401	Contribution to John Balacci House Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/94 10/24/94	\$500.00 \$500.00
Magazu for Congress P.O. Box 817 Vineland, NJ 08360	Contribution to Lou Magazu House Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/94 10/24/94	\$500.00 \$500.00
Giglio for Congress 523 Burnham Avenue Calumet City, IL 60409	Contribution to Frank Giglio House Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/94 10/24/94	\$500.00 \$500.00
Schillo for Congress 393 Sunrise Highway Lynbrook, NY 11563	Contribution to Philip Schillo House Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/3/94 10/24/94	\$500.00 \$500.00
Denari for Congress 16 Windward Court Aurora, IL 60506	Contribution to Peter Denari House Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/94	\$500.00
Barca for Congress 512 56th Street Kenosha, WI 53140	Contribution to Peter Barca House Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/94	\$350.00
LaRocco for Congress P.O. Box 1553 Boise, ID 83701	Contribution to Larry LaRocco House Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/94	\$750.00

SUBTOTAL of Disbursements This Page (optional)

\$12,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

(Contributions to Federal Candidates)

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NAME OF COMMITTEE (in full)

Italian American Democratic Leadership Council

950327031

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
John Capozzi for U.S. Rep 1619 A. Street, S.E. Washington, D.C. 20003	Contribution to John Capozzi House Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/94	\$100.00
Friends of Jim Oberstar 222 West 1st Street, Box 465 Duluth, MN 55802	Contribution to Jim Oberstar House Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/94	(\$500) Replaces 8/15/94 check stolen
Detazio for Congress P.O. Box 1316 Springfield, OR 99477	Contribution to Peter Detazio House Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/94	(\$500.00) Replaces 8/15/94 check stolen
Schilliro for Congress Same as on Page 1	Contribution to Philip Schilliro House Candidate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/1/94	(\$500.00) Replaces 10/3/94 check stolen
American Dietitians Association 1201 Pennsylvania Ave, NW Suite 500 Washington DC 20005	Wine & Reception Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/28/94	(\$100) (in-kind)
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$100.00

TOTAL This Period (last page this line number only)

\$12,600.00

SCHEDULE B

ITEMIZED DISBURSEMENTS
(Other Disbursements)

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

PAGE 1 OF 2
FOR LINE NUMBER 27

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NAME OF COMMITTEE (In Full)
Italian American Democratic Leadership Council

9 5 0 3 2 1 0 3 1 2

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
John Castell 10527 Red Landing Circle Burke, Va 22015	Consulting Services	11/1/94	\$5000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$5000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER

Other Disbursements

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NAME OF COMMITTEE (in Full)

Hahn American Democratic Leadership Council

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Louis Trautman 2251 Rayburn House Office Bldg Washington DC 20515</i>	<i>Travel Expense Reimbursement</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9/14/94</i>	<i>\$373.92</i>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

25039, 04843

SUBTOTAL of Disbursements This Page (optional)

\$373.92

TOTAL This Period (last page this line number only)

\$373.92

**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.

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PREPARER

3-31-95

DATE PREPARED

9503704814