

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) ITALIAN AMERICAN DEMOCRATIC LEADERSHIP COUNCIL	DATE September 29, 1993
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1331 H Street, NW, Suite 300	2. FEC IDENTIFICATION NUMBER Oct 24 1 03 PM '94
(c) City, State and ZIP Code Washington DC, 20005	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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 Charles A. Guelli	Mailing Address 10034 The Mending Wall Columbia, MD 21044	Title or Position Treasurer
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B. 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 Charles A. Guelli	Mailing Address 10034 The Mending Wall Columbia, MD 21044	Title or Position Treasurer
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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. NationsBank Of Virginia	Mailing Address and ZIP Code P.O. Box 27025 Richmond Va. 23261-7025
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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. Guelli	SIGNATURE OF TREASURER 	DATE 9/29/93
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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. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission
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MMR

PREPARER

10-24-94

DATE PREPARED

347303067334