

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines National Italian American Political Action Committee

ADDRESS (number and street) 1205 Locust Street Suite 100 Philadelphia PA 19107 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00355388 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2007 through 12 31 2007

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 JOSEPH A. AUTERI

Signature of Treasurer Electronically Filed by JOSEPH A. AUTERI Date 01 31 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
National Italian American Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		45801.03
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	38005.19									
(c) Total Receipts (from Line 19)	14021.93	118693.71								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	52027.12	164494.74								
7. Total Disbursements (from Line 31)	18540.38	131008.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	33486.74	33486.74								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	10000.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
National Italian American Political Action Committee

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	8875.00	96348.60
(i) Itemized (use Schedule A)	4700.00	15645.00
(ii) Unitemized	13575.00	111993.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	400.00	6525.00
(c) Other Political Committees (such as PACs)	13975.00	118518.60
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	46.93	175.11
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	14021.93	118693.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14021.93	118693.71

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	4740.38	92108.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	4740.38	92108.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	8000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	725.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	725.00
29. Other Disbursements.....	13800.00	30175.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18540.38	131008.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18540.38	131008.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	13975.00	118518.60
34. Total Contribution Refunds (from Line 28(d))	0.00	725.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13975.00	117793.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4740.38	92108.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4740.38	92108.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 27
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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 Italian American Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Grace Auteri

Mailing Address 315 Richfield Rd.

City State Zip Code
Upper Darby PA 19082

FEC ID number of contributing federal political committee. **C**

Name of Employer: The Environmental Defense Corp. Occupation: President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt: 12 / 14 / 2007

Transaction ID: SA11AI.7772

Amount of Each Receipt this Period: 125.00

B.

Full Name (Last, First, Middle Initial)
Armand A. Bucci

Mailing Address PO Box 565

City State Zip Code
Voorhees NJ 08043

FEC ID number of contributing federal political committee. **C**

Name of Employer: Praesto Group Occupation:

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 11 / 16 / 2007

Transaction ID: SA11AI.7784

Amount of Each Receipt this Period: 125.00

C.

Full Name (Last, First, Middle Initial)
Donna Buscaglia

Mailing Address 302 Hastings Ave

City State Zip Code
Wallingford PA 19086

FEC ID number of contributing federal political committee. **C**

Name of Employer: Bankcorp Occupation: VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 10 / 2007

Transaction ID: SA11AI.7794

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional) ▶ **550.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr. Edwin P. Camiel	Date of Receipt MM / DD / YYYY 11 / 19 / 2007
	Mailing Address 624 Hazelhurst Road	Transaction ID: SA11AI.7759
	City Merion State PA Zip Code 19066	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1825.00	

B.	Full Name (Last, First, Middle Initial) John H. Cellucci	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 426 St. Davids Ave.	Transaction ID: SA11AI.7796
	City Wayne State PA Zip Code 19087	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer International Consulting Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

C.	Full Name (Last, First, Middle Initial) Alex Chiaro	Date of Receipt MM / DD / YYYY 10 / 12 / 2007
	Mailing Address 325 Wexford Rd.	Transaction ID: SA11AI.7765
	City Red Hill State PA Zip Code 18076	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Chiaro's Inc. Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1300.00	

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.	Full Name (Last, First, Middle Initial) Alex Chiaro		Date of Receipt	
	Mailing Address 325 Wexford Rd.		M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.7764
	Red Hill	PA	18076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		125.00	
Name of Employer Chiaro's Inc.		Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		1425.00		

B.	Full Name (Last, First, Middle Initial) Pietro Chiaro		Date of Receipt	
	Mailing Address 60 Gravel Pike		M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.7774
	Red Hill	PA	18076	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		125.00	
Name of Employer Chiaro's Inc.		Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		475.00		

C.	Full Name (Last, First, Middle Initial) Michael Cibik		Date of Receipt	
	Mailing Address 437 Chestnut St. Suite 1000		M M / D D / Y Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
	City	State	Zip Code	Transaction ID: SA11AI.7773
	Philadelphia	PA	19106	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		125.00	
Name of Employer Cibik & Cataldo, PC		Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		775.00		

SUBTOTAL of Receipts This Page (optional)	▶	375.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.	Full Name (Last, First, Middle Initial) Louis Cicalese	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 629 Headquarters Rd.	Transaction ID: SA11AI.7756
	City State Zip Code Ottsville PA 18942	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Delaware River Development Occupation Developer/Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2225.00	

B.	Full Name (Last, First, Middle Initial) Nicola Cinalli	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 81 Westminster Dr.	Transaction ID: SA11AI.7755
	City State Zip Code Voorhees NJ 08043	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer O'Donnell & Naccarato Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2650.00	

C.	Full Name (Last, First, Middle Initial) Jessica R. Conley	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 716 Eaton Rd.	Transaction ID: SA11AI.7770
	City State Zip Code Drexel Hill PA 19026-1507	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer District Attorney's Office of Delaware Occupation Asst. District Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 27
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A. Full Name (Last, First, Middle Initial)
Peter J. Cordua

Mailing Address 53 Wimbledon Way

City State Zip Code
Marlton NJ 08053

FEC ID number of contributing federal political committee. **C**

Name of Employer Cordua & Company, PC Occupation CPA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.7771

Amount of Each Receipt this Period
125.00

B. Full Name (Last, First, Middle Initial)
Robert L. D'Anjolell

Mailing Address 2 Gregory Lane

City State Zip Code
Newtown Square PA 19073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.7785

Amount of Each Receipt this Period
125.00

C. Full Name (Last, First, Middle Initial)
Guido DiCicco, Sr.

Mailing Address 37 Summer Place

City State Zip Code
Huntingdon Valley PA 19006

FEC ID number of contributing federal political committee. **C**

Name of Employer DiCicco, Inc. Occupation Owner

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.7763

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 27
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Monika Dymek

Mailing Address 334 S. Front St.

City Philadelphia State PA Zip Code 19106

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested-Best Efforts
Receipt For:
 Primary General
 Other (specify) ▼

Occupation Information Requested-Best Efforts
Aggregate Year-to-Date ▼
425.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.7786

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Vincent Genovese

Mailing Address 34 Primrose Lane

City Huntingdon Valley State PA Zip Code 19006

FEC ID number of contributing federal political committee. **C**

Name of Employer Augusta Aerospace Corp.
Occupation Executive Vice President
Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 7

Transaction ID: SA11AI.7758

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Dr. Antonio Giordano

Mailing Address 1230 Gulph Creek Dr.

City Radnor State PA Zip Code 19087

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed
Occupation Physician
Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3625.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.7751

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 27
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.

Full Name (Last, First, Middle Initial)
JOSEPH P. HAND

Mailing Address 55 JERICHO RD.

City State Zip Code
HOLLAND PA 18966-2682

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
10 / 12 / 2007

Transaction ID: SA11AI.7797

Amount of Each Receipt this Period
300.00

B.

Full Name (Last, First, Middle Initial)
LOUIS A. IATAROLA

Mailing Address 6940 HAGERMAN ST.

City State Zip Code
PHILADELPHIA PA 19135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
REALTY APPRAISAL GROUP, LTD. EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2007

Transaction ID: SA11AI.7780

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Kevin L. Johnson

Mailing Address 1759 Hamilton Dr.

City State Zip Code
Phoenixville PA 19460

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Traffic Planning & Design, Inc. Transportation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: SA11AI.7790

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **675.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.	Full Name (Last, First, Middle Initial) Richard Krzyzanowski		Date of Receipt MM / DD / YYYY 10 / 12 / 2007
	Mailing Address 54 Roberts Road		Transaction ID: SA11AI.7803
	City Englewood Cliffs	State NJ	Zip Code 07632
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer	Occupation	Aggregate Year-to-Date 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Nicholas J. Maiale		Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address 1420 Walnut St. Suite 1107		Transaction ID: SA11AI.7781
	City Philadelphia	State PA	Zip Code 19102
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer Self-Employed	Occupation Attorney	Aggregate Year-to-Date 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) MATTHEW MALOZI		Date of Receipt MM / DD / YYYY 11 / 02 / 2007
	Mailing Address 529 S. 46TH STREET		Transaction ID: SA11AI.7783
	City PHILADELPHIA	State PA	Zip Code 19143
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
	Name of Employer TRAFFIC PLANNING & DESIGN	Occupation ENGINEER	Aggregate Year-to-Date 375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	525.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 27
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Vincent B. Mancini

Mailing Address 173 Dam View Road

City State Zip Code
Media PA 19063

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1640.00

Date of Receipt
MM / DD / YYYY
11 / 16 / 2007

Transaction ID: SA11AI.7762

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Robert Mc Gregor

Mailing Address 1835 Market Street
11 Penn Center

City State Zip Code
Philadelphia PA 19103

FEC ID number of contributing federal political committee. **C**

Name of Employer Turner Construction Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2925.00

Date of Receipt
MM / DD / YYYY
10 / 10 / 2007

Transaction ID: SA11AI.7753

Amount of Each Receipt this Period
2925.00

C.

Full Name (Last, First, Middle Initial)
Joseph Minopoli

Mailing Address 1171 Lucy Dr.
PO Box 136

City State Zip Code
Skippack PA 19474

FEC ID number of contributing federal political committee. **C**

Name of Employer JM & MM Pizza Corp. Occupation Restaurant Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 21 / 2007

Transaction ID: SA11AI.7792

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 27
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Alfredo Nuzzolese

Mailing Address 2752 Gail Dr.

City State Zip Code
Gilbertsville PA 19525

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested-Best Efforts
Occupation Information Requested-Best Efforts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt
MM / DD / YYYY
12 / 14 / 2007

Transaction ID: SA11AI.7777

Amount of Each Receipt this Period
125.00

B.

Full Name (Last, First, Middle Initial)
Sandra Palermo

Mailing Address 1443 Revelation Rd.

City State Zip Code
Meadowbrook PA 19046

FEC ID number of contributing federal political committee. **C**

Name of Employer Muller Inc.
Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3485.00

Date of Receipt
MM / DD / YYYY
11 / 02 / 2007

Transaction ID: SA11AI.7750

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Celestino Pennoni

Mailing Address 411 Valley Glen Drive

City State Zip Code
Bryn Mawr PA 19010

FEC ID number of contributing federal political committee. **C**

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
11 / 19 / 2007

Transaction ID: SA11AI.7805

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **625.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.	Full Name (Last, First, Middle Initial) Frederick A. Stampone		Date of Receipt
	Mailing Address 1017 Herkness Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 11 / 16 / 2007
	City	State	Zip Code
	Meadownbrook	PA	19046
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7752
Name of Employer Pep Boys		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1550.00	<input type="text"/> 150.00

B.	Full Name (Last, First, Middle Initial) Carol Tamburino		Date of Receipt
	Mailing Address 3 Sea Side Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 12 / 2007
	City	State	Zip Code
	Margate	NJ	08402
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7775
Name of Employer Turner Construction		Occupation Consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 150.00

C.	Full Name (Last, First, Middle Initial) Joseph Tarantino		Date of Receipt
	Mailing Address 700 W. Germantown Pike		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 12 / 2007
	City	State	Zip Code
	East Norriton	PA	19403
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7760
Name of Employer Continental Realty		Occupation Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1250.00	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 550.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 17 / 27	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.

Full Name (Last, First, Middle Initial) Paola F. Triforo		Date of Receipt	
Mailing Address 727 McCardle Dr.		M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 7	
City	State	Zip Code	Transaction ID: SA11AI.7778
West Chester	PA	19380	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00	
Name of Employer Information Requested-Best Efforts		Occupation Information Requested-Best Efforts	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	8875.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 27
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A. Full Name (Last, First, Middle Initial)
Committee to Elect Mayor Joseph DiGirolamo

Mailing Address 3982 Grace Ave.

City Bensalem State PA Zip Code 19020

FEC ID number of contributing federal political committee. **C**

Name of Employer Bensalem Township Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 12 / 14 / 2007

Transaction ID: SA11C.7769

Amount of Each Receipt this Period 150.00

B. Full Name (Last, First, Middle Initial)
Friends to Elect Christine M. Tartaglione

Mailing Address 1407 Vankirk St.

City Philadelphia State PA Zip Code 19149-3327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt: 11 / 16 / 2007

Transaction ID: SA11C.7767

Amount of Each Receipt this Period 125.00

C. Full Name (Last, First, Middle Initial)
Reinforced Iron Workers Riggers & Machinery Movers

Mailing Address Local Union #45
2433 Reed St.

City Philadelphia State PA Zip Code 19146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 125.00

Date of Receipt: 11 / 02 / 2007

Transaction ID: SA11C.7788

Amount of Each Receipt this Period 125.00

SUBTOTAL of Receipts This Page (optional)	▶	400.00
TOTAL This Period (last page this line number only)	▶	400.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Transaction ID: SB21B.7741
Date of Disbursement

Mailing Address P.O. BOX 53452

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	7

City PHOENIX State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

4.50

Purpose of Disbursement
Merchant Credit Card Fees
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
AMERICAN EXPRESS

Transaction ID: SB21B.7743
Date of Disbursement

Mailing Address P.O. BOX 53452

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	7

City PHOENIX State AZ Zip Code 85072-3852

Amount of Each Disbursement this Period

11.06

Purpose of Disbursement
Merchant Credit Card Fees
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
BARBARA AUGUSTINE

Transaction ID: SB21B.7747
Date of Disbursement

Mailing Address PO BOX 347

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	1		2	0	0	7

City SKIPPACK State PA Zip Code 19474

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
Expense Reimb - Meals
Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

215.56

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK	Transaction ID: SB21B.7719
	Mailing Address 1835 MARKET ST	Date of Disbursement 10 / 01 / 2007
	City PHILADELPHIA State PA Zip Code 19103	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement Merchant Credit Card Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK	Transaction ID: SB21B.7727
	Mailing Address 1835 MARKET ST	Date of Disbursement 10 / 02 / 2007
	City PHILADELPHIA State PA Zip Code 19103	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement Merchant Credit Card Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK	Transaction ID: SB21B.7732
	Mailing Address 1835 MARKET ST	Date of Disbursement 11 / 02 / 2007
	City PHILADELPHIA State PA Zip Code 19103	Amount of Each Disbursement this Period 40.20
	Purpose of Disbursement Merchant Credit Card Fees Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	80.20
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK</p> <p>Mailing Address 1835 MARKET ST</p> <p>City PHILADELPHIA State PA Zip Code 19103</p> <p>Purpose of Disbursement Merchant Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7734</p> <p>Date of Disbursement 11 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 90.39</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK</p> <p>Mailing Address 1835 MARKET ST</p> <p>City PHILADELPHIA State PA Zip Code 19103</p> <p>Purpose of Disbursement Merchant Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7738</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 34.95</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK</p> <p>Mailing Address 1835 MARKET ST</p> <p>City PHILADELPHIA State PA Zip Code 19103</p> <p>Purpose of Disbursement Merchant Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.7742</p> <p>Date of Disbursement 12 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 25.30</p>

SUBTOTAL of Disbursements This Page (optional)	150.64
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 22 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK	Transaction ID: SB21B.7744
	Mailing Address 1835 MARKET ST	Date of Disbursement 12 / 04 / 2007
	City PHILADELPHIA State PA Zip Code 19103	Amount of Each Disbursement this Period 158.97
	Purpose of Disbursement Merchant Credit Card Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK	Transaction ID: SB21B.7746
	Mailing Address 1835 MARKET ST	Date of Disbursement 12 / 10 / 2007
	City PHILADELPHIA State PA Zip Code 19103	Amount of Each Disbursement this Period 34.95
	Purpose of Disbursement Merchant Credit Card Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) CHRISTO CONSULTING	Transaction ID: SB21B.7731
	Mailing Address 292 Main St. Suite 331	Date of Disbursement 11 / 01 / 2007
	City Harleysville State PA Zip Code 19438	Amount of Each Disbursement this Period 31.25
	Purpose of Disbursement Website Design & Maintenance Costs	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	225.17
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 23 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.	Full Name (Last, First, Middle Initial) CHRISTO CONSULTING	Transaction ID: SB21B.7740
	Mailing Address 292 Main St. Suite 331	Date of Disbursement 11 / 30 / 2007
	City Harleysville State PA Zip Code 19438	Amount of Each Disbursement this Period 90.00
	Purpose of Disbursement Website Design & Maintenance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LA COLLINA	Transaction ID: SB21B.7721
	Mailing Address 37-41 ASHLAND AVE.	Date of Disbursement 10 / 01 / 2007
	City BELMONT HILLS State PA Zip Code 19004	Amount of Each Disbursement this Period 356.70
	Purpose of Disbursement Board Meeting Expense	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.7748
	Mailing Address 1044 Market St.	Date of Disbursement 12 / 13 / 2007
	City Philadelphia State PA Zip Code 19107	Amount of Each Disbursement this Period 145.40
	Purpose of Disbursement Office Supplies	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	592.10
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 24 / 27

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

A.	Full Name (Last, First, Middle Initial) UTA ASSOCIATES	Transaction ID: SB21B.7720
	Mailing Address 1205 LOCUST ST SUITE 100	Date of Disbursement 10 / 01 / 2007
	City PHILADELPHIA State PA Zip Code 19107	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Compensation for PAC Fundraising Svcs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) UTA ASSOCIATES	Transaction ID: SB21B.7749
	Mailing Address 1205 LOCUST ST SUITE 100	Date of Disbursement 12 / 20 / 2007
	City PHILADELPHIA State PA Zip Code 19107	Amount of Each Disbursement this Period 252.15
	Purpose of Disbursement Expense Reimb - Postage	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2752.15

TOTAL This Period (last page this line number only)

4015.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 27

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Friends of John P. Durante</p> <p>Mailing Address</p> <p>City State Zip Code Bridgeport PA 19405</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7722</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Risa Ferman</p> <p>Mailing Address PO Box 1010</p> <p>City State Zip Code Norristown PA 19404</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7724</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) NATIONAL ITALIAN AMERICAN FOUNDATION</p> <p>Mailing Address 1860 19TH STREET N.W.</p> <p>City State Zip Code WASHINGTON DC 20009</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB29.7729</p> <p>Date of Disbursement 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 3800.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

13800.00

TOTAL This Period (last page this line number only) ►

13800.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 26 / 27 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
 National Italian American Political Action Committee

Transaction ID: SC/10.4271

LOAN SOURCE Full Name (Last, First, Middle Initial) Amato Berardi	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 555 City Line Ave, Suite 770	
City Bala Cynwyd State PA ZIP Code 19004	

Original Amount of Loan 2500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2500.00
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TERMS

Date Incurred M M 03 D D 17 Y Y Y Y 2001	Date Due _____	Interest Rate _____ % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional) ▶	2500.00
TOTALS This Period (last page in this line only) ▶	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 27 / 27 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)
National Italian American Political Action Committee

Transaction ID: SC/10.4284

LOAN SOURCE Full Name (Last, First, Middle Initial) AMATO BERARDI	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 555 E. CITY LINA AVE.	
City BALA CYNWYD State PA ZIP Code 19004	

Original Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">7500.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: right;">7500.00</div>
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TERMS

Date Incurred <div style="border: 1px solid black; padding: 2px;">MM 06 DD 15 YY 2001</div>	Date Due <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>	Interest Rate <div style="border: 1px solid black; padding: 2px; width: 100px;"></div> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	--	---	---

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>

SUBTOTALS This Period This Page (optional)	<div style="border: 1px solid black; padding: 2px; width: 100px;">7500.00</div>
TOTALS This Period (last page in this line only)	<div style="border: 1px solid black; padding: 2px; width: 100px;">10000.00</div>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.