

# 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  
 Check if different than previously reported. (ACC)  
Philadelphia PA 19107

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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 11 04 2008 in the State of \_\_\_\_\_

5. Covering Period 10 16 2008 through 11 24 2008

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 12 04 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
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		33486.74
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	10491.79									
(c) Total Receipts (from Line 19) .....	31416.01	104427.83								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	41907.80	137914.57								
7. Total Disbursements (from Line 31) .....	25421.89	121428.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	16485.91	16485.91								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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
1	6

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	25530.00	85909.80
(i) Itemized (use Schedule A) .....	3375.00	9585.00
(ii) Unitemized .....	28905.00	95494.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	2400.00	8800.00
(c) Other Political Committees (such as PACs) .....	31305.00	104294.80
(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.) .....	111.01	133.03
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)) .....	31416.01	104427.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31416.01	104427.83

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	17990.64	112997.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	17990.64	112997.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
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 .....	3300.00	3300.00
(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)) .....	3300.00	3300.00
29. Other Disbursements.....	4131.25	4131.25
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))..	25421.89	121428.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25421.89	121428.66

**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 .....	31305.00	104294.80
34. Total Contribution Refunds (from Line 28(d)) .....	3300.00	3300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28005.00	100994.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	17990.64	112997.41
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	17990.64	112997.41

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

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

FOR LINE NUMBER: PAGE 6 / 35  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
BARBARA AUGUSTINE

Mailing Address PO BOX 347

City State Zip Code  
SKIPPACK PA 19474

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

Name of Employer Occupation  
Golf Outing Productions Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.8257

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Gail H. Avicoli

Mailing Address 3137 S. 18th Street

City State Zip Code  
Philadelphia PA 19145

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

Name of Employer Occupation  
Phila Performing Arts Charter School Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.8202

Amount of Each Receipt this Period  
525.00

**C.** Full Name (Last, First, Middle Initial)  
CATHERINE M. BAGGIANO

Mailing Address 120 HILLVIEW DRIVE

City State Zip Code  
SPRINGFIELD PA 19064

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

Name of Employer Occupation  
SELF EMPLOYED ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.8250

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1075.00**

**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 7 / 35  
(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)  
Chet Beiler

Mailing Address 340 Hostetter Rd

City State Zip Code  
Manheim PA 17545

FEC ID number of contributing federal political committee. C

Name of Employer Amish Country Gazebos Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.8240

Amount of Each Receipt this Period 350.00

**B.**

Full Name (Last, First, Middle Initial)  
Salvatore Berardi

Mailing Address 2868 Angus Rd

City State Zip Code  
Philadelphia PA 19114

FEC ID number of contributing federal political committee. C

Name of Employer Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID:** SA11AI.8193

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
GABRIEL BEVILACQUA

Mailing Address 1000 SUSAN RD.

City State Zip Code  
PHILADELPHIA PA 19115

FEC ID number of contributing federal political committee. C

Name of Employer SAUL EWING, LLP Occupation ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 8

**Transaction ID:** SA11AI.8199

Amount of Each Receipt this Period 300.00

**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: PAGE 8 / 35  
(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)  
Royal Brown

Mailing Address 1429 E. 15th Street

City Philadelphia State PA Zip Code 19146

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

Name of Employer: Greater Phila Health Action  
Occupation: Chairperson

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 23 / 2008  
Transaction ID: SA11AI.8214  
Amount of Each Receipt this Period: 350.00

**B.** Full Name (Last, First, Middle Initial)  
Royal Brown

Mailing Address 1429 E. 15th Street

City Philadelphia State PA Zip Code 19146

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

Name of Employer: Greater Phila Health Action  
Occupation: Chairperson

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 10 / 23 / 2008  
Transaction ID: SA11AI.8215  
Amount of Each Receipt this Period: 30.00

**C.** Full Name (Last, First, Middle Initial)  
Raymond Bucceroni

Mailing Address 2020 Walnut Street, Apt 31F

City Philadelphia State PA Zip Code 19103

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

Name of Employer: Raymond S. Bucceroni Real Estate  
Occupation: Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 23 / 2008  
Transaction ID: SA11AI.8230  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **680.00**

**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 9 / 35  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Judith Camiel</p> <p>Mailing Address 624 Hazelhurst Rd</p> <p>City State Zip Code Merion Station PA 19066</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation The Camiel Group, LLC Fundraiser</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">350.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 23 / 2008</p> <p><b>Transaction ID:</b> SA11AI.8237</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">350.00</span></p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Judith Camiel</p> <p>Mailing Address 624 Hazelhurst Rd</p> <p>City State Zip Code Merion Station PA 19066</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation The Camiel Group, LLC Fundraiser</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">700.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 23 / 2008</p> <p><b>Transaction ID:</b> SA11AI.8238</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">350.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Barbara Capozzi</p> <p>Mailing Address 100 Turnbridge Circle</p> <p>City State Zip Code Haverford PA 19083</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Capozzi Real Estate Real Estate/ Insurance</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2175.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 10 / 23 / 2008</p> <p><b>Transaction ID:</b> SA11AI.8203</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1050.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 10 / 35

(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)

Barbara Capozzi

Mailing Address 100 Turnbridge Circle

City State Zip Code  
Haverford PA 19083

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

Name of Employer Occupation  
Capozzi Real Estate Real Estate/ Insurance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2575.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Transaction ID: SA11AI.8204

Amount of Each Receipt this Period

400.00
--------

**B.**

Full Name (Last, First, Middle Initial)

Aaron J. Cohen

Mailing Address 1515 Market St, Ste 1540

City State Zip Code  
Philadelphia PA 19102

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

Name of Employer Occupation  
Avenue Strategies Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Transaction ID: SA11AI.8235

Amount of Each Receipt this Period

350.00
--------

**C.**

Full Name (Last, First, Middle Initial)

SANDRO CORRADO

Mailing Address 2110 KEYSTONE DRIVE

City State Zip Code  
HATFIELD PA 19440

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

Name of Employer Occupation  
CORRADO & SONS EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	8

Transaction ID: SA11AI.8241

Amount of Each Receipt this Period

2250.00
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**SUBTOTAL** of Receipts This Page (optional) .....

3000.00
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 35  
(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)  
SANDRO CORRADO

Mailing Address 2110 KEYSTONE DRIVE

City State Zip Code  
HATFIELD PA 19440

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

Name of Employer Occupation  
CORRADO & SONS EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8256

Amount of Each Receipt this Period  
1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Melinda De Nofa

Mailing Address 3816 Loop Rd.

City State Zip Code  
Huntingdon Valley PA 19006

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

Name of Employer Occupation  
Molly Construction Business

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

Transaction ID: SA11AI.8249

Amount of Each Receipt this Period  
700.00

**C.**

Full Name (Last, First, Middle Initial)  
Francesco Di Cianni

Mailing Address 2201 Galloway Rd

City State Zip Code  
Bensalem PA 19020

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

Name of Employer Occupation  
Celebrations Business Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.8228

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**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 12 / 35
	<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)  
Jeannine Jewell

Mailing Address 1100 Bailey Dr.

City Phoenixville State PA Zip Code 19460

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

Name of Employer Chase Payments Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 23 / 2008  
**Transaction ID: SA11AI.8227**  
Amount of Each Receipt this Period: 350.00

**B.** Full Name (Last, First, Middle Initial)  
Frances Kelly

Mailing Address 735 Canterbury Lane

City Villanova State PA Zip Code 19086

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

Name of Employer Canterbury Consultants, Inc. Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 17 / 2008  
**Transaction ID: SA11AI.8198**  
Amount of Each Receipt this Period: 350.00

**C.** Full Name (Last, First, Middle Initial)  
VINCENT MANCINI

Mailing Address 414 E. BALTIMORE PIKE

City MEDIA State PA Zip Code 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 ▼ 900.00

Date of Receipt: 10 / 23 / 2008  
**Transaction ID: SA11AI.8211**  
Amount of Each Receipt this Period: 900.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**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 13 / 35  
(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)  
VINCENT MANCINI

Mailing Address 414 E. BALTIMORE PIKE

City MEDIA State PA Zip Code 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 ▼ 1200.00

Date of Receipt: 10 / 23 / 2008  
**Transaction ID:** SA11AI.8212  
 Amount of Each Receipt this Period: 300.00

**B.**

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

Mailing Address 2 Penn Ctr Plaza

City Philadelphia State PA Zip Code 19102

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

Name of Employer Parente Randolph, LLC Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 10 / 20 / 2008  
**Transaction ID:** SA11AI.8148  
 Amount of Each Receipt this Period: 125.00

**C.**

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

Mailing Address 2 Penn Ctr Plaza

City Philadelphia State PA Zip Code 19102

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

Name of Employer Parente Randolph, LLC Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 725.00

Date of Receipt: 10 / 23 / 2008  
**Transaction ID:** SA11AI.8232  
 Amount of Each Receipt this Period: 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

**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 / 35  
(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)  
EMILIO MATTICOLI

Mailing Address 3223 S SMEDLEY STREET

City State Zip Code  
PHILADELPHIA PA 19145

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

Name of Employer Occupation  
FOUNDATIONS INC CHIEF OF STAFF

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.8219

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
James McGrath

Mailing Address 16 North Centre Street

City State Zip Code  
Merchantsville NJ 08109

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

Name of Employer Occupation  
PRD Management Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.8270

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Robert A. Messa

Mailing Address 1814 Overlook Road

City State Zip Code  
Feasterville PA 19053

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

Name of Employer Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.8216

Amount of Each Receipt this Period  
375.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

**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 15 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jayme Morano		Date of Receipt
	Mailing Address 508 E. Lackawanna Ave.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 17 / 2008
	City	State	Zip Code
	Olyphant	PA	18447
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8180
Name of Employer Lackawanna County Government		Occupation Director of Buildings & Grounds	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 ▼ 325.00	<input type="text"/> 125.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Sandra Palermo		Date of Receipt
	Mailing Address 1443 Revelation Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 17 / 2008
	City	State	Zip Code
	Meadowbrook	PA	19046
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8194
Name of Employer Muller Inc.		Occupation President	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 ▼ 750.00	<input type="text"/> 750.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Sandra Palermo		Date of Receipt
	Mailing Address 1443 Revelation Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 17 / 2008
	City	State	Zip Code
	Meadowbrook	PA	19046
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.8196
Name of Employer Muller Inc.		Occupation President	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 ▼ 2675.00	<input type="text"/> 1925.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2800.00
<b>TOTAL</b> 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: (check only one)	PAGE 16 / 35
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joseph F. Pandolfi	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 1824 S. BROAD STREET	<b>Transaction ID:</b> SA11AI.8210
	City State Zip Code PHILADELPHIA PA 19145	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer SELF	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Nancy Paolino	Date of Receipt MM / DD / YYYY 10 / 30 / 2008
	Mailing Address 650 Robert Road	<b>Transaction ID:</b> SA11AI.8255
	City State Zip Code Bryn Mawr PA 19010	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) RAYMOND A. PESCATORE	Date of Receipt MM / DD / YYYY 10 / 23 / 2008
	Mailing Address 116 RENAISSANCE DR	<b>Transaction ID:</b> SA11AI.8268
	City State Zip Code CHERRY HILL NJ 08033	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer CATCH PEOPLE CARE	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1575.00</b>
<b>TOTAL</b> 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 17 / 35  
(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)  
Joann Russo

Mailing Address 1762 Teresa Court

City State Zip Code  
Downingtown PA 19335

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

Name of Employer Self Employed Occupation  
Self Employed RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.8205

Amount of Each Receipt this Period  
350.00

**B.**

Full Name (Last, First, Middle Initial)  
Joann Russo

Mailing Address 1762 Teresa Court

City State Zip Code  
Downingtown PA 19335

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

Name of Employer Self Employed Occupation  
Self Employed RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
975.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 8

**Transaction ID:** SA11AI.8233

Amount of Each Receipt this Period  
350.00

**C.**

Full Name (Last, First, Middle Initial)  
Joann Russo

Mailing Address 1762 Teresa Court

City State Zip Code  
Downingtown PA 19335

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

Name of Employer Self Employed Occupation  
Self Employed RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1375.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 8

**Transaction ID:** SA11AI.8244

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**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 18 / 35  
(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)  
Roger Sanchez

Mailing Address 239 Dudley Ave

City Narberth State PA Zip Code 19072

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

Name of Employer Neuberger Berman Occupation Financial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 30 / 2008  
Transaction ID: SA11AI.8246  
Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
Louis D. Scarcia

Mailing Address 12013 Depue St.

City Philadelphia State PA Zip Code 19116

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

Name of Employer V.H. Pasquerella Company Occupation R.E. Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 23 / 2008  
Transaction ID: SA11AI.8208  
Amount of Each Receipt this Period 350.00

**C.** Full Name (Last, First, Middle Initial)  
Jennifer Schalleur

Mailing Address 201 Summerwind Lane

City Harleysville State PA Zip Code 19438

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

Name of Employer Christo Consulting, LLC Occupation IT Consulting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 10 / 23 / 2008  
Transaction ID: SA11AI.8242  
Amount of Each Receipt this Period 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**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 19 / 35  
(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)  
Andrew J. Scutti  
Mailing Address 1348 Arthur Rd.  
City State Zip Code  
Maple Glen PA 19002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dale Corporation Occupation Director Safety & Health  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00  
Date of Receipt 10 / 21 / 2008  
Transaction ID: SA11AI.8147  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Andrew J. Scutti  
Mailing Address 1348 Arthur Rd.  
City State Zip Code  
Maple Glen PA 19002  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dale Corporation Occupation Director Safety & Health  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1425.00  
Date of Receipt 10 / 23 / 2008  
Transaction ID: SA11AI.8206  
Amount of Each Receipt this Period 1050.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Spadaccino  
Mailing Address 98 Cheese Factory Road  
City State Zip Code  
Doylestown PA 18901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dale Construction Occupation President  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3700.00  
Date of Receipt 10 / 30 / 2008  
Transaction ID: SA11AI.8259  
Amount of Each Receipt this Period 3700.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5000.00  
**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 20 / 35	
	(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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) VINCENT TURCO		Date of Receipt																					
	Mailing Address 3544 W. CROWN AVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		2	3		2	0	0	8														
	City State Zip Code PHILADELPHIA PA 19114		<b>Transaction ID:</b> SA11AI.8271																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00																					
Name of Employer Occupation Retired		Aggregate Year-to-Date ▼ 350.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	25530.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 21 / 35	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Committee to Elect Mayor Joseph DiGirolamo		Date of Receipt																					
	Mailing Address 3982 Grace Ave.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	7		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		1	7		2	0	0	8														
	City Bensalem		State PA	Transaction ID: SA11C.8195																				
	Zip Code 19020		Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee. <b>C</b>		2250.00																						
Name of Employer Bensalem Township		Occupation																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2250.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2250.00

**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)

<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) Anderson Delone	Transaction ID: SB21B.8274 Date of Disbursement 10 / 17 / 2008
	Mailing Address 370 W. Johnson St, D3	Amount of Each Disbursement this Period 900.00
	City Philadelphia State PA Zip Code 19144	
	Purpose of Disbursement PAC Fundraising Event Costs	
	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) JOSEPH A. AUTERI	Transaction ID: SB21B.8307 Date of Disbursement 10 / 21 / 2008
	Mailing Address 2515 GARRETT ROAD	Amount of Each Disbursement this Period 240.00
	City DREXEL HILL State PA Zip Code 19026	
	Purpose of Disbursement Office Supplies Reimbursement	
	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.8277 Date of Disbursement 10 / 17 / 2008
	Mailing Address 165 POTTSTOWN PIKE	Amount of Each Disbursement this Period 379.97
	City CHESTER SPRINGS State PA Zip Code 19425	
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	1519.97
<b>TOTAL</b> 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 / 35

<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.8278
	Mailing Address 165 POTTSTOWN PIKE	Date of Disbursement 10 / 30 / 2008
	City CHESTER SPRINGS State PA Zip Code 19425	Amount of Each Disbursement this Period 613.43
	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.8279
	Mailing Address 165 POTTSTOWN PIKE	Date of Disbursement 11 / 11 / 2008
	City CHESTER SPRINGS State PA Zip Code 19425	Amount of Each Disbursement this Period 711.50
	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.8150
	Mailing Address 292 Main St. Suite 331	Date of Disbursement 10 / 16 / 2008
	City Harleysville State PA Zip Code 19438	Amount of Each Disbursement this Period 156.25
	Purpose of Disbursement Website Design & Maintenance	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1481.18
<b>TOTAL</b> 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)

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<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) <b>CHRISTO CONSULTING</b>	<b>Transaction ID: SB21B.8283</b>
	Mailing Address 292 Main St. Suite 331	Date of Disbursement 10 / 17 / 2008
	City Harleysville State PA Zip Code 19438	Amount of Each Disbursement this Period 125.00
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>CONCENTRIC SERVICES</b>	<b>Transaction ID: SB21B.8165</b>
	Mailing Address 55 ALMADEN BLVD, 7TH FLOOR	Date of Disbursement 11 / 07 / 2008
	City SAN JOSE State CA Zip Code 95113	Amount of Each Disbursement this Period 19.95
	Purpose of Disbursement Website Maintenance Costs	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) <b>CONESTOGA BANK</b>	<b>Transaction ID: SB21B.8151</b>
	Mailing Address 165 POTTSTOWN PIKE	Date of Disbursement 10 / 16 / 2008
	City CHESTER SPRINGS State PA Zip Code 19425	Amount of Each Disbursement this Period 50.26
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>195.21</b>
<b>TOTAL</b> 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)

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<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) CONESTOGA BANK	Transaction ID: SB21B.8285 Date of Disbursement 10 / 22 / 2008
	Mailing Address 165 POTTSTOWN PIKE	Amount of Each Disbursement this Period 135.00
	City CHESTER SPRINGS State PA Zip Code 19425	
	Purpose of Disbursement Bank Service Charges	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) CONESTOGA BANK	Transaction ID: SB21B.8173 Date of Disbursement 10 / 23 / 2008
	Mailing Address 165 POTTSTOWN PIKE	Amount of Each Disbursement this Period 134.95
	City CHESTER SPRINGS State PA Zip Code 19425	
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CONESTOGA BANK	Transaction ID: SB21B.8286 Date of Disbursement 10 / 28 / 2008
	Mailing Address 165 POTTSTOWN PIKE	Amount of Each Disbursement this Period 34.95
	City CHESTER SPRINGS State PA Zip Code 19425	
	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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>304.90</b>
<b>TOTAL</b> 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) CONESTOGA BANK	Transaction ID: SB21B.8162 Date of Disbursement 11 / 03 / 2008
	Mailing Address 165 POTTSTOWN PIKE	Amount of Each Disbursement this Period 25.00
	City CHESTER SPRINGS State PA Zip Code 19425	
	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) CONESTOGA BANK	Transaction ID: SB21B.8164 Date of Disbursement 11 / 04 / 2008
	Mailing Address 165 POTTSTOWN PIKE	Amount of Each Disbursement this Period 125.62
	City CHESTER SPRINGS State PA Zip Code 19425	
	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) CONESTOGA BANK	Transaction ID: SB21B.8166 Date of Disbursement 11 / 10 / 2008
	Mailing Address 165 POTTSTOWN PIKE	Amount of Each Disbursement this Period 34.95
	City CHESTER SPRINGS State PA Zip Code 19425	
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	185.57
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) <b>CONESTOGA BANK</b></p> <p>Mailing Address 165 POTTSTOWN PIKE</p> <p>City CHESTER SPRINGS State PA Zip Code 19425</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</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.8168</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="34.95"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>DAVE PASCAL</b></p> <p>Mailing Address 7 MADISON DR.</p> <p>City WILLOW GROVE State PA Zip Code 19090</p> <p>Purpose of Disbursement PAC Fundraising Event Costs-Entertainment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.8287</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="340.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>LA BUCA RESTAURANT</b></p> <p>Mailing Address 711 LOCUST STREET</p> <p>City PHILADELPHIA State PA Zip Code 19106</p> <p>Purpose of Disbursement Catering Costs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB21B.8291</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5720.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6094.95"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<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) LA COLLINA	Transaction ID: SB21B.8169 Date of Disbursement 10 / 20 / 2008
	Mailing Address 37-41 ASHLAND AVE.	Amount of Each Disbursement this Period 272.00
	City BELMONT HILLS State PA Zip Code 19004	
	Purpose of Disbursement Meeting Expenses 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) LA COLLINA	Transaction ID: SB21B.8292 Date of Disbursement 11 / 03 / 2008
	Mailing Address 37-41 ASHLAND AVE.	Amount of Each Disbursement this Period 787.20
	City BELMONT HILLS State PA Zip Code 19004	
	Purpose of Disbursement Meeting Expenses 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) MIKE MOUNTAIN PHOTOGRAPHY	Transaction ID: SB21B.8160 Date of Disbursement 10 / 23 / 2008
	Mailing Address 737 N. EASTON RD.	Amount of Each Disbursement this Period 339.00
	City GLENSIDE State PA Zip Code 19038	
	Purpose of Disbursement PAC Fundraising Event Costs 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	1398.20
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Radnor Restaurant</p> <p>Mailing Address 591 E Lancaster Ave</p> <p>City St Davids State PA Zip Code 19087</p> <p>Purpose of Disbursement Meals</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8296</p> <p>Date of Disbursement 10 / 17 / 2008</p> <p>Amount of Each Disbursement this Period 236.76</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ruth Cris Steak House</p> <p>Mailing Address 260 S Broad Street</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8171</p> <p>Date of Disbursement 10 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 427.37</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anthony Sandor</p> <p>Mailing Address 7 Madison Rd</p> <p>City Willow Grove State PA Zip Code 19090</p> <p>Purpose of Disbursement PAC Fundraising Event Costs-Entertainment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8306</p> <p>Date of Disbursement 10 / 20 / 2008</p> <p>Amount of Each Disbursement this Period 340.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1004.13

**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)

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<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><b>A.</b> Full Name (Last, First, Middle Initial) The Public Record</p> <p>Mailing Address 1330 Ritner St</p> <p>City Philadelphia State PA Zip Code 19148</p> <p>Purpose of Disbursement PAC Advertising</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8299</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="190.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) USPS</p> <p>Mailing Address</p> <p>City Bala Cynwyd State PA Zip Code 19004</p> <p>Purpose of Disbursement Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8300</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="271.32"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) UTA ASSOCIATES</p> <p>Mailing Address 1205 LOCUST ST SUITE 100</p> <p>City PHILADELPHIA State PA Zip Code 19107</p> <p>Purpose of Disbursement Compensation for PAC Fundraising Svcs</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.8301</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1416.06"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1877.38"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**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

<b>A.</b> Full Name (Last, First, Middle Initial) UTA ASSOCIATES <hr/> Mailing Address 1205 LOCUST ST SUITE 100 <hr/> City PHILADELPHIA State PA Zip Code 19107 <hr/> Purpose of Disbursement Compensation for PAC Fundraising Svcs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8302 Date of Disbursement 10 / 30 / 2008
	Amount of Each Disbursement this Period 2027.13
<b>B.</b> Full Name (Last, First, Middle Initial) UTA ASSOCIATES <hr/> Mailing Address 1205 LOCUST ST SUITE 100 <hr/> City PHILADELPHIA State PA Zip Code 19107 <hr/> Purpose of Disbursement Compensation for PAC Fundraising Svcs Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.8167 Date of Disbursement 11 / 19 / 2008
	Amount of Each Disbursement this Period 1250.00

SUBTOTAL of Disbursements This Page (optional) ..... ►

3277.13

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

17338.62

# 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)

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<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Tami L. Fratis

Transaction ID: SB28A.8308

Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
1	0		2	1		2	0	0	8

Mailing Address 6435 Overbrook Ave

City	State	Zip Code
Philadelphia	PA	19151-2414

Amount of Each Disbursement this Period

3300.00
---------

Purpose of Disbursement  
Refund Contribution

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

3300.00
---------

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

3300.00
---------



**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)

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<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

A.	Full Name (Last, First, Middle Initial) CATCH People Care	Transaction ID: SB29.8155 Date of Disbursement
	Mailing Address 1409 Lombard Street	<input type="text" value="10"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City Philadelphia State PA Zip Code 19146	Amount of Each Disbursement this Period
	Purpose of Disbursement Charitable Contribution	<input type="text" value="500.00"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Farnese for State Senate	Transaction ID: SB29.8157 Date of Disbursement
	Mailing Address 1420 Locust Street	<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2008"/>
	City Philadelphia State PA Zip Code 19102	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2631.25"/>
	Candidate Name	<input type="text"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3131.25"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3131.25"/>

**SCHEDULE C (FEC Form 3X)**

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

FOR LINE 13 OF FORM 3X

**LOANS**

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

**Transaction ID:** SC/10.4271

<b>LOAN SOURCE</b> 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
------------------------------------	------------------------------------	--

**TERMS**

Date Incurred MM DD YY 03 17 2001	Date Due	Interest Rate 0.0000 % (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:
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:

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>2500.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>.00</b>
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)

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

FOR LINE 13 OF FORM 3X

## LOANS

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:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 555 E. CITY LINA AVE.

City BALA CYNWYD State PA ZIP Code 19004

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7500.00	0.00	7500.00

### TERMS

Date Incurred: MM DD YY    Date Due:  Interest Rate:  % (apr) Secured:  Yes  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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="7500.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....	<input type="text" value="10000.00"/>

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