

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 DEC 10 P 1:56

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE</b>		2. FEC IDENTIFICATION NUMBER <b>C00355388</b>
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported <b>44 SECOND STREET PIKE STE 302</b>		
CITY, STATE and ZIP CODE <b>SOUTHAMPTON PA 18966</b>		
3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

### Monthly Report Due On:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

- (b) Is this Report an Amendment?  YES  NO

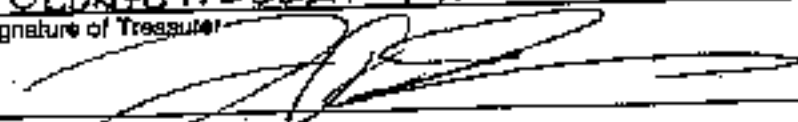
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>3/19/00</u> through <u>9/30/00</u>		
6. (a) Cash on Hand January 1, 19____		\$ 0
(b) Cash on Hand at Beginning of Reporting Period	\$ 0	
(c) Total Receipts (from Line 19)	\$ 32612.21	\$ 32612.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 32612.21	\$ 32612.21
7. Total Disbursements (from Line 20)	\$ 27656.63	\$ 27656.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 4955.58	\$ 4955.58
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 489 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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

**GEORGE P. DELLA PIA**

Signature of Treasurer



Date

12/7/00

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

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FEC FORM 3X

(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM 3/19/00	TO: 9/30/00	
	COLUMN A Total This Period	COLUMN B Calendar Year	
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	10125.00	10125.00	11(a)
ii. Unitemized	6166.00	6166.00	11(a)
iii. Total (add i and ii) >	16291.00	16291.00	11(a)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	16244.05	16244.05	11(c)
d. Total Contributions (add a iii, b and c) >			11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			18
17. Other Federal Receipts (Dividends, Interest, etc.)	77.16	77.16	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	32612.21	32612.21	19
20. Total Federal Receipts (subtract line 18 from line 19) >	32612.21	32612.21	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
i. Federal Share			21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, ii, and b) >			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	1000.00	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			28(a)
28. Refunds of Contributions To:			28(b)
a. Individual/Persons Other Than Political Committees			28(c)
b. Political Party Committees			28(d)
c. Other Political Committees (such as PACs)			29
d. Total Contribution Refunds (add a, b and c) >			30
29. Other Disbursements	27656.63	27656.63	31
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	27656.63	27656.63	
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	27656.63	27656.63	
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	16244.05	16244.05	
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from 32)	16244.05	16244.05	
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4  
FOR LINE NUMBER 11a1

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, Mailing Address and ZIP Code BARBARA CAPOZZI, ESQ 3320 S 20TH STREET 2nd FLOOR PHILA., PA 19145	Name of Employer CAPOZZI REAL ESTATE  Occupation ATTORNEY Aggregate Year-to-Date > \$	Date (month, day, year) 4/20/00 6/2/00	Amount of Each Receipt this Period 400.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code ALEX CHIARD 218 S. MAIN ST. SELLERSVILLE, PA 19380	Name of Employer SOLE PROPRIETOR  Occupation	Date (month, day, year) 5/9/00	Amount of Each Receipt this Period 1575.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code JOSEPH STAMPONE, ESQ. 103 TOWNSHIP LINE ROAD JENKINTOWN, PA 19046	Name of Employer SELF EMPLOYED  Occupation	Date (month, day, year) 3/23/00 5/15/00	Amount of Each Receipt this Period 300.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code MARK MONACO Di BRUNO BROTHERS HOUSE OF CHEESE 930 SOUTH 9TH STREET PHILA., PA 19147	Name of Employer OWNER  Occupation	Date (month, day, year) 3/20/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code ROBERT PANACCIS 40 DUNMUNING ROAD NEWTOWN SQUARE, PA 19073	Name of Employer   Occupation	Date (month, day, year) 3/19/00	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code LUIGI CORRADO PO BOX 370 TYLERSPORT, PA 18971	Name of Employer CORRADO & SONS  Occupation EXECUTIVE Aggregate Year-to-Date > \$	Date (month, day, year) 3/19/00	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code STANLEY LUNGO 8 DRUMMERS LANE WAYNE, PA 19087	Name of Employer N/A  Occupation RETIRED Aggregate Year-to-Date > \$	Date (month, day, year) 8/22/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

4125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 4  
FOR LINE NUMBER 11a

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**NAME OF COMMITTEE (In Full)**

**NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOSEPH TARANTINO 700 W. GERMAN TOWN PIKE EAST NORRITON, PA 19403	CONTINENTAL REALTY CO	6/6/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KATHERINE CONAZARO 2413 SIMPSON AVE OCEAN CITY, NJ 08226	INFORMATION REQUESTED	8/23/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOSEPH A. PICCONE 501 Rt 113 CHESTER SPRINGS, PA 19425	JOSEPH A. PICCONE, INC	3/22/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUILDER	5/18/00	150.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOSEPH Di GIRALAMO 2400 BERRY ROAD BENSALEM, PA 19020	BENSALEM TOWNSHIP	8/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MAYOR	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARIA SANTORO 222 W JOHNSON HWY. NORRISTOWN, PA 19401	SANTORO TILES	3/20/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation OFFICER OF CO.	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GRACE AUTERI 315 RICHFIELD ROAD UPPER DARBY, PA 19082	ACCOUNTING-OPTION	3/20/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ACCOUNTANT	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOSEPH AUTERI 2515 BARRETT ROAD DREXEL HILL, PA 19026	NEW YORK LIFE INS.	3/20/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SALES MANAGER	Aggregate Year-to-Date > \$	

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

1,800.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 3 OF 4  
FOR LINE NUMBER 1121

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NAME OF COMMITTEE (in Full)

**NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARLO MASTROMARCO 946 ROSA AVE CROYDON, PA 19021-7545	MASTROMARCO BROTHERS Occupation: BUILDER	8/30/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SAMUEL J. TALUCCI 140 GOLF HOUSE ROAD HAVER FORD, PA 19041	N/A Occupation: RETIRED	8/29/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VINCENT GENOVESE 3050 RED LION ROAD PHILA., PA 19114	AGUSTA AEROSPACE Occupation: EXEC. V.P.	5/10/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SANDRO CORRADO PO BOX 370 TYLERSPORT, PA 18971	GORRADO & SONS Occupation: EXECUTIVE	5/10/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN PADOE 8610 THOMAS MILL DR PHILA., PA 19138-1139	N. PHIL. HEALTH SYS. Occupation: DEVELOPMENT CONSULT.	6/26/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FRANCIS DANIELE 130 SPRUCE ST. PHILA., PA 19106	N/A Occupation: RETIRED	6/15/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
VICTOR DELLABARBA 2508 S. 8TH ST. PHILA., PA 19145	VICTOR & CO. Occupation: EXECUTIVE	6/5/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 4

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)

NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code ANTONIO DI SANDRO 11 PENN CENTER 1835 MARKET PHILA., PA 19103 STE. 2601	Name of Employer FIRST PENN BANK Occupation EXECUTIVE	Date (month, day, year) 5/9/00	Amount of Each Receipt this Period 1300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code AMATO BERARDI 555 E CITY LINE AVE BALA CYNWYD, PA	Name of Employer NEW YORK LIFE Occupation EXECUTIVE	Date (month, day, year) 5/9/00	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional) .....	2300.00
TOTAL This Period (last page this line number only) .....	10,125.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 3  
FOR LINE NUMBER 30

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NAME OF COMMITTEE (In Full)

NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ASPEN SOFTWARE 1019 JUNIPER ST. QUAKERTOWN, PA 18951	POLITICAL MANAGEMENT CAMPAIGN SOFTWARE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/21/00	168.00
B. Full Name, Mailing Address and ZIP Code SPASSO ITALIAN GRILL 34 S. FRONT ST. PHILA., PA 19106	Purpose of Disbursement MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/18/00	500.00
C. Full Name, Mailing Address and ZIP Code CENTER CITY ENGRAVING 1206 WALNUT ST. PHILA., PA 19107	Purpose of Disbursement ENGRAVING OF EVENT GIFTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/18/00	281.41
D. Full Name, Mailing Address and ZIP Code PRIESTLY PRINTERS 233-45 N. JUNIPER ST. PHILA., PA 19107	Purpose of Disbursement PRINTING OF EVENT INVITATIONS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/18/00	1391.00
E. Full Name, Mailing Address and ZIP Code UTA ASSOCIATES 1205 LOCUST ST. STE 102 PHILA., PA 19107	Purpose of Disbursement EXPENSE REIMBURSEMENT COMMISSION - EVENT MONTHLY RETAINER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/18/00	4180.37
F. Full Name, Mailing Address and ZIP Code LA COLLINA, INC 3741 ASHLAND AVE BALA CYNWID, PA 19004	Purpose of Disbursement MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/00	464.90
G. Full Name, Mailing Address and ZIP Code TEN PENNIES 1921 SOUTH BROAD ST. PHILA., PA 19148	Purpose of Disbursement FLOWERS/ EVENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/00	1208.03
H. Full Name, Mailing Address and ZIP Code GOODWAY COPY CENTER 44 S. 4TH STREET PHILA., PA 19106	Purpose of Disbursement PRINTING/BUS. CARDS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/00	165.58
I. Full Name, Mailing Address and ZIP Code CENTER CITY ENGRAVING 1206 WALNUT ST. PHILA., PA 19107	Purpose of Disbursement GIFTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/00	63.13

SUBTOTAL of Disbursements This Page (optional)

8425.42

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3  
FOR LINE NUMBER 30

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NAME OF COMMITTEE (in Full)  
**NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOHNSON & PRINCE MAILING & GRAPHICS 619 LOCUST ST. PHILA., PA 19107	PRINTING/POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/9/00	1206.07
B. Full Name, Mailing Address and ZIP Code SOCIETY HILL SHERATON 1 DOCK STREET PHILA., PA 19106	Purpose of Disbursement BANQUET Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/00	10,000.00
C. Full Name, Mailing Address and ZIP Code CORRADO & SONS PO BOX 370 - 500 RIDGE ROAD TYLERSPORT, PA 18971-0370	Purpose of Disbursement DOMAIN REGISTRATION WEB PAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/18/00	69.00
D. Full Name, Mailing Address and ZIP Code SOCIETY HILL SHERATON 1 DOCK ST. PHILA., PA 19106	Purpose of Disbursement BANQUET Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/27/00	1000.00
E. Full Name, Mailing Address and ZIP Code AMERIGO VESPUCCI WELCOMING COMMITTEE 44 SECOND STREET PIKE STE 302 SOUTHAMPTON PA 18966	Purpose of Disbursement ADVERTISING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/00	250.00
F. Full Name, Mailing Address and ZIP Code TOTO 1407 LOCUST ST. PHILA., PA 19102	Purpose of Disbursement MEALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/31/00	438.00
G. Full Name, Mailing Address and ZIP Code GOODWAY COPY CENTER 49 S. 4TH ST. PHILA., PA 19106	Purpose of Disbursement PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/22/00	168.58
H. Full Name, Mailing Address and ZIP Code UTA ASSOCIATES 1205 LOCUST ST STE 100 PHILA., PA 19107	Purpose of Disbursement POSTAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/8/00	660.00
I. Full Name, Mailing Address and ZIP Code THAT'S AMORE - BAND 298 BARKLEY CT. LARGEBORNE, PA 19047	Purpose of Disbursement DEPOSIT/EVENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/23/00	500.00

SUBTOTAL of Disbursements This Page (optional)

14291.65

TOTAL This Period (last page this line number only)



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **3** OF **3**  
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NAME OF COMMITTEE (In Full)

**NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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SUBTOTAL of Disbursements This Page (optional)

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TOTAL This Period (last page this line number only)

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Federal Election Commission

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