

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

CITY

STATE

ZIP CODE

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

in the State of

5. Covering Period

07

01

2008

through

09

30

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

10

15

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
National Italian American Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

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	17598.31									
(c) Total Receipts (from Line 19)	1122.02	66411.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	18720.33	99898.56								
7. Total Disbursements (from Line 31)	9278.54	90456.77								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9441.79	9441.79								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	10000.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
National Italian American Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

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	1100.00	55279.80
(i) Itemized (use Schedule A)	0.00	5460.00
(ii) Unitemized	1100.00	60739.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	5650.00
(c) Other Political Committees (such as PACs)	0.00	66389.80
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1100.00	66389.80
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.)	22.02	22.02
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))	1122.02	66411.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1122.02	66411.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	9278.54	90456.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	9278.54	90456.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9278.54	90456.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9278.54	90456.77

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	1100.00	66389.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1100.00	66389.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9278.54	90456.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	9278.54	90456.77

**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 6 / 12
	<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) BARBARA AUGUSTINE		Date of Receipt
	Mailing Address PO BOX 347		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	SKIPPACK	PA	19474
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Golf Outing Productions		Occupation Owner	Transaction ID: SA11AI.8063
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="775.00"/>	<input type="text" value="100.00"/>

B.	Full Name (Last, First, Middle Initial) Ernest J. Choquette		Date of Receipt
	Mailing Address 1948 Wickford Pl.		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Wyomissing	PA	19610
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Stevens & Lee		Occupation Attorney	Transaction ID: SA11AI.8075
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) Joseph M. Harenza		Date of Receipt
	Mailing Address 8 Open Hearth Drive		<input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Shillington	PA	19607
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Stevens & Lee		Occupation Attorney	Transaction ID: SA11AI.8073
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1100.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1100.00"/>

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

<p>A. Full Name (Last, First, Middle Initial) Barna Advisory Services, PC</p> <p>Mailing Address 270 S. Woodmont Dr.</p> <p>City Downingtown State PA Zip Code 19335</p> <p>Purpose of Disbursement Accounting Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8082</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 5550.00</p>
<p>B. Full Name (Last, First, Middle Initial) CHRISTO CONSULTING</p> <p>Mailing Address 292 Main St. Suite 331</p> <p>City Harleysville State PA Zip Code 19438</p> <p>Purpose of Disbursement Website Design & Maintenance</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8071</p> <p>Date of Disbursement 07 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 62.50</p>
<p>C. Full Name (Last, First, Middle Initial) CONESTOGA BANK</p> <p>Mailing Address 1835 MARKET STREET</p> <p>City PHILADELPHIA State PA Zip Code 19103</p> <p>Purpose of Disbursement Merchant Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.8067</p> <p>Date of Disbursement 07 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 34.95</p>

SUBTOTAL of Disbursements This Page (optional)	5647.45
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CONESTOGA BANK	Transaction ID: SB21B.8079 Date of Disbursement 08 / 01 / 2008
	Mailing Address 1835 MARKET STREET	Amount of Each Disbursement this Period 35.00
	City PHILADELPHIA State PA Zip Code 19103	
	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.8080 Date of Disbursement 08 / 04 / 2008
	Mailing Address 1835 MARKET STREET	Amount of Each Disbursement this Period 115.00
	City PHILADELPHIA State PA Zip Code 19103	
	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.8083 Date of Disbursement 08 / 11 / 2008
	Mailing Address 1835 MARKET STREET	Amount of Each Disbursement this Period 34.95
	City PHILADELPHIA State PA Zip Code 19103	
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	184.95
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) CONESTOGA BANK	Transaction ID: SB21B.8089 Date of Disbursement 09 / 02 / 2008
	Mailing Address 1835 MARKET STREET	Amount of Each Disbursement this Period 35.00
	City PHILADELPHIA State PA Zip Code 19103	
	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) CORPORATE EXPRESS IMAGING	Transaction ID: SB21B.8072 Date of Disbursement 07 / 15 / 2008
	Mailing Address PO BOX 95230	Amount of Each Disbursement this Period 225.92
	City CHICAGO State IL Zip Code 60694	
	Purpose of Disbursement PAC Printing & Reproduction	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) CORPORATE EXPRESS IMAGING	Transaction ID: SB21B.8084 Date of Disbursement 08 / 20 / 2008
	Mailing Address PO BOX 95230	Amount of Each Disbursement this Period 203.78
	City CHICAGO State IL Zip Code 60694	
	Purpose of Disbursement PAC Printing & Reproduction	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	464.70
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) LA COLLINA	Transaction ID: SB21B.8068
	Mailing Address 37-41 ASHLAND AVE.	Date of Disbursement MM / DD / YYYY 07 / 11 / 2008
	City BELMONT HILLS State PA Zip Code 19004	Amount of Each Disbursement this Period 231.20
	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) UTA ASSOCIATES	Transaction ID: SB21B.8069
	Mailing Address 1205 LOCUST ST SUITE 100	Date of Disbursement MM / DD / YYYY 07 / 08 / 2008
	City PHILADELPHIA State PA Zip Code 19107	Amount of Each Disbursement this Period 1250.00
	Purpose of Disbursement PAC Compensation for Fundraising Svcs 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) UTA ASSOCIATES	Transaction ID: SB21B.8085
	Mailing Address 1205 LOCUST ST SUITE 100	Date of Disbursement MM / DD / YYYY 08 / 22 / 2008
	City PHILADELPHIA State PA Zip Code 19107	Amount of Each Disbursement this Period 1250.00
	Purpose of Disbursement PAC Compensation for Fundraising Svcs Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2731.20
TOTAL This Period (last page this line number only)	9028.30

SCHEDULE C (FEC Form 3X)

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

LOANS

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

Transaction ID: SC/10.4271

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

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:												
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>03</td><td>17</td></tr> <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>1</td></tr> </table>	M	M	03	17	Y	Y	Y	Y	2	0	0	1		0.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M														
03	17														
Y	Y	Y	Y												
2	0	0	1												

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 style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="2500.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value=".00"/>

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

SCHEDULE C (FEC Form 3X)

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

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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 555 E. CITY LINA AVE.	
City BALA CYNWYD State PA ZIP Code 19004	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M 06 D D 15 Y Y Y Y 2001		0.0000 % (apr)	<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: []

SUBTOTALS This Period This Page (optional)	7500.00
TOTALS This Period (last page in this line only)	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.