

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) NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER C00355388
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported 44 SECOND STREET PIKE STE 302		
CITY, STATE and ZIP CODE SOUTHAMPTON PA 18966		
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 GENERAL
(Type of Election)
election on 11/7/00 in the State of Pennsylvania

30-Day Post-Election Report following the General Election
on _____ in the State of _____

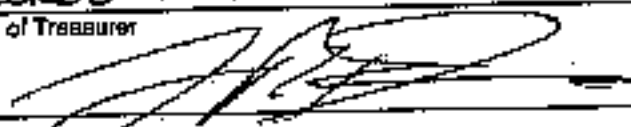
(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/00</u> through <u>10/18/00</u>		
6. (a) Cash on Hand January 1, 19____		\$ 0
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>4955.58</u>	
(c) Total Receipts (from Line 19)	\$ <u>800.00</u>	\$ <u>40612.21</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>12955.58</u>	\$ <u>40612.21</u>
7. Total Disbursements (from Line 30)	\$ <u>7428.25</u>	\$ <u>35,084.88</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>5527.33</u>	\$ <u>5527.33</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>2905.16</u>	

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. §497g.

FEC FORM 3X
(revised 9/93)

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

(revised 11/91)

NAME OF COMMITTEE NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 10/1/00 TO 10/18/00	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		4800.00	17925.00
ii. Unitemized		3200.00	9366.00
iii. Total (add i and ii) >		8000.00	27291.00
b. Political Party Committees			
c. Other Political Committees (such as PACs)			16244.05
d. Total Contributions (add a ii, b and c) >		8000.00	40535.05
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			77.16
18. Transfers from Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		8000.00	40612.21
20. Total Federal Receipts (subtract line 18 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			1000.00
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (add a, b and c) >		7428.25	34084.88
29. Other Disbursements		7428.25	35084.88
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		8000.00	27244.05
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from line 32)		8000.00	27244.05
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 line 35) >		0	0

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER CIARROCCHI, JR 4010 ARENDELL ST. PHILA., PA. 19135	CHICKIE & PETE'S CAFE	10/5/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER	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
ANDREW TROJLO 600 REED ROAD STE 106 BROOMALL, PA 19008		10/5/00	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
ALEX CHIARO 325 WEXFORD ROAD RED HILL, PA 18076	CHIARO'S FOOD	10/5/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	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
ANTHONY VERDUCI 12 VERDUCI DR. NEWTOWN, PA 18940	A.V. CONSTRUCTION	10/5/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: GEN. CONTRACTOR	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 GAMBONE 1030 W GERMANTOWN PIKE PO BOX 337 FAIRVIEW VILLAGE PA 19409	GAMBONE BROS. DEV. CO.	10/5/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER	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
TONY DE PAUL & SON 1750 WALTON RD. BLUE BELL, PA 19122	SAME	10/1/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER	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
LOUIS ESPOSITO 1001 S. 9TH STREET PHILA., PA 19147	NONE	10/1/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: UNEMPLOYED	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) 2550.00

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 2
FOR LINE NUMBER 11a1

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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
DR JOSEPH MATTIOLI LODG POND ROAD LODG POND, PA 18334 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	POCONO RACEWAY Occupation: CEO	10/1/00	250 ⁰⁰
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code DREXEL UNIVERSITY JOSEPH CASCIERERI 3141 CHESTNUT ST. PHILA., PA. 19104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	DREXEL UNIVERSITY Occupation: GOV. & COMM. RELATIONS	10/1/00	250 ⁰⁰
Aggregate Year-to-Date > \$			
C. Full Name, Mailing Address and ZIP Code JOSEPH PICCONE 501 RT 113 CHESTER SPRINGS, PA 19425 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	JOSEPH PICCONE, INC. Occupation: OWNER	10/1/00	500 ⁰⁰
Aggregate Year-to-Date > \$			
D. Full Name, Mailing Address and ZIP Code VINCENT GENOVESE 3050 RED LION ROAD PHILA., PA 19114 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	AGUSTA AEROSPACE Occupation: EXECUTIVE	10/1/00	250 ⁰⁰
Aggregate Year-to-Date > \$			
E. Full Name, Mailing Address and ZIP Code JAMES J. ANDERSON 305 WIRGAN ROAD NEW HOPE, PA 18938 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	JAMES J. ANDERSON CONSTRUCTION Occupation: OWNER	10/1/00	500 ⁰⁰
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code DOMINICK A. CIPOLLINI PO BOX 202 CHELTENHAM, PA 19012 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	KEYSTONE OUTDOOR Occupation: OWNER	10/1/00	500 ⁰⁰
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)

2250⁰⁰

TOTAL This Period (last page this line number only)

4800.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
GOODWAY COPY CENTER 49 S. 4TH STREET PHILA., PA 19106	PRINTING/EVENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/6/00	800.01
JTA ASSOCIATES 1205 LOCUST ST. STE 100 PHILA., PA 19107	EXPENSES/RETAINER Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/5/00	3405.46
AMATO BERARDI 555 E CITY LINE AVE BALA CUNYD, PA 19004	REIMBURSE PYMT. OF EVENT BALANCE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/18/00	3222.78
D. 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
E. 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
F. 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
G. 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
H. 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
I. 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

SUBTOTAL of Disbursements This Page (optional) 7428.25

TOTAL This Period (last page this line number only) 7428.25

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans


Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor UTA ASSOCIATES 1205 LOCUST ST. STE 100 PHILA., PA 19107	2429.38	2429.38	0	2429.38
Nature of Debt (Purpose): COMMISSION				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor JOHNSON & PRINCE 1219 LOCUST ST. PHILA., PA 19107	475.58	475.78	0	475.78
Nature of Debt (Purpose): INVITATIONS/POSTAGE/MAILING				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	2905.16
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	2905.16

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 12/7/00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	12/10/00 DATE PREPARED