

# 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>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <b>SOUTHAMPTON PA 18966</b>	

## 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 21  |

- 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 11/7/00 in the State of PENNSYLVANIA

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/00</u> through <u>11/27/00</u>		
6. (a) Cash on Hand January 1, 19____		\$ 0
(b) Cash on Hand at Beginning of Reporting Period	\$ 5527.33	
(c) Total Receipts (from Line 19)	\$ 10625.73	\$ 51237.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 16153.06	\$ 51237.94
7. Total Disbursements (from Line 30)	\$ 10915.20	\$ 46000.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5237.86	\$ 523286
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 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)	\$ 2163.89	

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.



SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3  
FOR LINE NUMBER 112

Any information copied from each Report and Statement 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
MARK SABATINO 101 WOODMONT DR. POTTSTOWN, PA 19465	COMMERCE NAT'L TXS	10/21/00	250 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SALES	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
PENNSYLVANIA ASSOC. OF REALTORS 4501 CHAMBERS HILL RD HARRISBURG, PA 17111	SAME	10/21/00	300 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REALTORS	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 TARANTINO 700 W. GERMAN TOWN PIKE EAST NORRITON, PA 19403	CONTINENTAL REALTY	10/27/00	250 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REALTOR	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
JAMES E. LINUS 1081 CARRIAGE LANE BLUE BELL, PA 19402	CREATIVE FINANCIAL GRP	10/27/00	450 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: FINANCIAL PLANNER	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
ANTHONY Di SANDRO 205 McELURE DR BLUE BELL, PA 19422	FIRST PENN BANK	10/27/00	500 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	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
MARIA SANTORO 222 W. JOHNSON HWY NORRISTOWN, PA 19401	SANTORO TILE & MARBLE	10/27/00	300 <sup>00</sup>
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
LUIGI CORRADO 500 RIDGE ROAD TELFORD, PA 18959	CORRADO & SONS	10/27/00	250 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

2300<sup>00</sup>

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 3  
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
<b>ROBERT PALACCI</b> 40 DUNMINING RD NEWTOWN SQ. PA 19073		10/27/00	500 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>SELF EMPLOYED</b>	Aggregate Year-to-Date > \$	
<b>ROBERTA McGETTIGAN</b> 237 LONG LANE UPPER DARBV, PA 19082	<b>CARR REAL ESTATE</b>	10/27/00	250 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>REAL ESTATE BROKER</b>	Aggregate Year-to-Date > \$	
<b>SEN. VINCENT FURNO</b> 1208 TASKER ST PHILA., PA 19148	<b>FUND FOR SENATE</b>	10/27/00	1250 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>STATE SENATOR</b>	Aggregate Year-to-Date > \$	
<b>SANDRO CORRADO</b> PO BOX 370 TYLERSPORT, PA 18971	<b>CORRADO &amp; SONS</b>	10/27/00	300 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>ESTIMATOR</b>	Aggregate Year-to-Date > \$	
<b>SKIP MASSENGILL</b> 400 GLENDYNE RD HAVERFORD, PA 19041	<b>AVANTI</b>	10/27/00	500 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>EXECUTIVE</b>	Aggregate Year-to-Date > \$	
<b>DOMINICK BIPOLLINI</b> PO BOX 202 CHLtenham, PA 19012	<b>KEYSTONE OUTDOOR ADVERTISING</b>	10/27/00	250 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>OWNER</b>	Aggregate Year-to-Date > \$	
<b>WILLIAM McGUIRE</b> 25250 N. 92ND ST. SCOTTSDALE, AZ 85055	<b>McGUIRE SOLUTIONS</b>	10/27/00	500 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CONSULTANT</b>	Aggregate Year-to-Date > \$	

**SUBTOTAL** of Receipts This Page (optional) ..... **3550<sup>00</sup>**

**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 **3**  
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
<b>ROBERT DAN IDELL</b> 2811 WEST CHESTER PIKE BROMALL, PA. 19008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>DAN IDELL MEMORIAL FUNERAL HOME</b> Occupation: <b>EXECUTIVE</b> Aggregate Year-to-Date > <b>6</b>	<b>10/27/00</b>	<b>300<sup>00</sup></b>
<b>MARIO INCOLLINGO JR</b> 2626 SKYVIEW AVE LAUGHORNE, PA 19053 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>IGA FEDERAL SAVINGS</b> Occupation: <b>BANKER</b> Aggregate Year-to-Date > <b>8</b>	<b>11/20/00</b>	<b>250<sup>00</sup></b>
<b>JOSEPH &amp; LORRAINE DOLCE</b> 6710-A WESTFIELD AVE PENNSAUKEN, NJ 08105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>LDR-MAR SERVICES</b> Occupation: <b>EXECUTIVE'S</b> Aggregate Year-to-Date > <b>3</b>	<b>11/20/00</b>	<b>1000<sup>00</sup></b>
D. 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 Aggregate Year-to-Date > <b>6</b>	Date (month, day, year)	Amount of Each Receipt this Period
E. 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 Aggregate Year-to-Date > <b>5</b>	Date (month, day, year)	Amount of Each Receipt this Period
F. 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 Aggregate Year-to-Date > <b>\$</b>	Date (month, day, year)	Amount of Each Receipt this Period
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 Aggregate Year-to-Date > <b>\$</b>	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL of Receipts This Page (optional)</b>	<b>1550<sup>00</sup></b>
<b>TOTAL This Period (last page this line number only)</b>	<b>7400<sup>00</sup></b>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 7

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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
FUND FOR SENATE 1208 TASKER ST 2ND FLOOR PHILA, PA 19148	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/00	2000.00
B. Full Name, Mailing Address and ZIP Code SALVATORE FOR SENATE 1154 NORWALK ROAD PHILA., PA 19115	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/00	2000.00
C. Full Name, Mailing Address and ZIP Code SANTORUM 2000 1533 JOHNNYS WAY WEST CHESTER, PA 19382	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/00	2500.00
D. Full Name, Mailing Address and ZIP Code VICTORY 2000 1533 JOHNNYS WAY WEST CHESTER, PA 19382	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/00	2500.00
E. Full Name, Mailing Address and ZIP Code WANNERS DELIVERY SERVICE 607 EASTON RD BLDG D1 WILLOW GROVE, PA 19090	DELIVERY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/6/00	38.53
F. Full Name, Mailing Address and ZIP Code WANNERS DELIVERY SERVICE 607 EASTON RD BLDG D1 WILLOW GROVE, PA 19090	DELIVERY Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/22/00	15.60
G. Full Name, Mailing Address and ZIP Code SOCIETY HILL SHERATON 1 DOCK STREET PHILA., PA 19106	EVENT HALL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/00	1551.22
H. Full Name, Mailing Address and ZIP Code MOUNTAIN PHOTOGRAPHY 2038 GRANT AVE. PHILA., PA 19115	PHOTOS/EVENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/00	235.00
I. Full Name, Mailing Address and ZIP Code VERID WEB HOSTING PO BOX 812140 BOCA RATON FL 33481-2140	WEB PAGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/00	74.85

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

10915.20

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

10915.20

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

LINE NUMBER 10  
(Use separate schedules for each numbered line)


Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<b>NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE</b> A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor SONS OF ITALY TIMES THE CURTIS CENTER, STE L45 INDEPENDENCE SQ. WEST PHILA., PA 19106	250.00	250.00	0	250.00
Nature of Debt (Purpose): ADVERTISING				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor WTA ASSOCIATES 1205 LOCUST ST STE. 100 PHILA., PA 19107	193.89	193.89	0	193.89
Nature of Debt (Purpose): COMMISSION / EXPENSES				
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)	2163.89
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	2163.89

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