

**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

CITY

STATE

ZIP CODE

C00355388

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- X 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 (12S)

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

04

01

2005

through

06

30

2005

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

J.D. ANTHONY N. MALLACE CPA

Signature of Treasurer

Electronically Filed by J.D. ANTHONY N. MALLACE CPA

Date

07

15

2005

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. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
 National Italian American Political Action Committee

Report Covering the Period: From: ^M04 ^Y01 ^Y2005 To: ^M06 ^Y30 ^Y2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2005		78611.63
(b) Cash on Hand at Beginning of Reporting Period	64891.23	
(c) Total Receipts (from Line 19)	4200.00	68796.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	69091.23	147407.63
<hr/>		
7. Total Disbursements (from Line 31)	13044.85	91361.25
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56046.38	56046.38
<hr/>		
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**

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Write or Type Committee Name

National Italian American Political Action Committee

Report Covering the Period: From: ^M04 ⁻01 ⁻2005 To: ^M06 ⁻30 ⁻2005

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		
(i) Itemized (use Schedule A)	3050.00	62151.00
(ii) Unitemized	1150.00	6645.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	4200.00	68796.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4200.00	68796.00
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.)	0.00	0.00
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))	4200.00	68796.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4200.00	68796.00

DETAILED SUMMARY PAGE

of Disbursements

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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.....	3044.85	3044.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	3044.85	3044.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
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	78316.40
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 ActMty (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))..	13044.85	91361.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 31).....	13044.85	91361.25

DETAILED SUMMARY PAGE
of Disbursements

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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)	4200.00	68796.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4200.00	68796.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3044.85	3044.85
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3044.85	3044.85

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

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

FOR LINE NUMBER: PAGE 6 / 12

(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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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

Full Name (Last, First, Middle Initial) A. THOMAS BAGGIO		Date of Receipt M / D / Y 04 / 01 / 2005
Mailing Address 809 CATHERINE STREET		Transaction ID: SA11A1.6148
City	State	Zip Code
PHILADELPHIA	PA	19147
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 330.00
Name of Employer GIRARD COLLEGE	Occupation TO BE PROVIDED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) B. GABRIEL BEVILADQUA		Date of Receipt M / D / Y 04 / 01 / 2005
Mailing Address 1000 SUSAN RD.		Transaction ID: SA11A1.6142
City	State	Zip Code
PHILADELPHIA	PA	19115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SAUL EWING, LLP	Occupation TO BE PROVIDED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

Full Name (Last, First, Middle Initial) C. MICHAEL J. KUNTZ		Date of Receipt M / D / Y 04 / 01 / 2005
Mailing Address 1835 MARKET STREET		Transaction ID: SA11A1.6146
City	State	Zip Code
PHILADELPHIA	PA	19103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 695.00
Name of Employer TO BE PROVIDED	Occupation TO BE PROVIDED	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 695.00	

SUBTOTAL of Receipts TN's Page (optional)	1275.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 12
(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

Full Name (Last, First, Middle Initial) A. BARTON SACKS		Date of Receipt M / D / Y Y Y Y 04 / 22 / 2005
Mailing Address 809 IRENIC COURT		Transaction ID: SA11A1.6157
City	State	Zip Code
NORRISTOWN	PA	19403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer SIDNEY SACKS	Occupation EXECUTIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. JOSEPH TARANTINO		Date of Receipt M / D / Y Y Y Y 05 / 26 / 2005
Mailing Address 700 W. GERMANTOWN PIKE		Transaction ID: SA11A1.6162
City	State	Zip Code
E. NORRITON	PA	19403
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400.00
Name of Employer CONTINENTAL REALTY	Occupation EXECUTIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) C. ANTHONY ZINGARELLI		Date of Receipt M / D / Y Y Y Y 04 / 01 / 2005
Mailing Address 210 W. RITTENHOUSE SQ SUITE 2803		Transaction ID: SA11A1.6160
City	State	Zip Code
PHILADELPHIA	PA	19103
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer ZAC CONSULTING	Occupation EXECUTIVE	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

SUBTOTAL of Receipts This Page (optional)	▶	1775.00
TOTAL This Period (last page this line number only)	▶	3050.00

**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)

PAGE 8 / 12

<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
	27		28a		28b		28c		29		30b

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

Full Name (Last, First, Middle Initial)
A. CHRISTO CONSULTING

Mailing Address

City State Zip Code

Purpose of Disbursement
COMPUTER EXPENSES

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.6176
Date of Disbursement
06 / 13 / 2005

Amount of Each Disbursement this Period
329.85

001
Category/
Type

Full Name (Last, First, Middle Initial)
B. LA COLLINA

Mailing Address 37-41 ASHLAND AVE.

City State Zip Code
BELMONT HILLS PA 19004

Purpose of Disbursement
BOARD MEETING

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.6167
Date of Disbursement
04 / 06 / 2005

Amount of Each Disbursement this Period
300.00

001
Category/
Type

Full Name (Last, First, Middle Initial)
C. PRIESTLY PRINTERS

Mailing Address 233-45 N. JUNIPER ST

City State Zip Code
PHILADELPHIA PA 19107

Purpose of Disbursement
EVENT PRINTING COSTS

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21B.6174
Date of Disbursement
06 / 10 / 2005

Amount of Each Disbursement this Period
192.00

003
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **821.85**

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
	27		28a		28b		28c		29		30b

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

Full Name (Last, First, Middle Initial)
A. PROFORMA LAPEL PINS

Mailing Address 8800 E. PLEASANT VALLEY ROAD

City CLEVELAND State OH Zip Code 44131

Purpose of Disbursement PROMOTIONAL ITEMS

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

004
Category/
Type

Transaction ID: SB21B.6172
Date of Disbursement
06 / 10 / 2005

Amount of Each Disbursement this Period
936.00

Full Name (Last, First, Middle Initial)
B. UTA ASSOCIATES

Mailing Address 1205 LOCUST ST SUITE 100

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement COMMISSIONS

Candidate Name

Office Sought: House Senate President State: District

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Transaction ID: SB21B.6175
Date of Disbursement
06 / 10 / 2005

Amount of Each Disbursement this Period
1012.00

SUBTOTAL of Disbursements This Page (optional)	▶	1948.00
TOTAL This Period (last page this line number only)	▶	2769.85

**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 10 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

Full Name (Last, First, Middle Initial)
A. SANTORUM 2008

Mailing Address ONE TOWER BRIDGE, SUITE 1440

City CONSHOHOCKEN State PA Zip Code 19426

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.6181
Date of Disbursement

06 / 10 / 2005

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
B. SANTORUM VICTORY COMMITTEE

Mailing Address ONE TOWER BRIDGE
SUITE 1440

City W. CONSHOHOCKEN State PA Zip Code 19426

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: 2006
Primary X General
Other (specify) ▼

Category/
Type

Transaction ID: SB23.6183
Date of Disbursement

06 / 10 / 2005

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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

10000.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 11 / 12
	FOR LINE 13 OF FORM 3X

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:
06 th 15 th 2001		% (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)	
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)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 / 12
	FOR LINE 13 OF FORM 3X

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 E. CITY LINE AVE	
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:
03 ^{MO} 17 ^{DAY} 2001 ^{YEAR}		% (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)	2500.00
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.	