

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 Philadelphia PA 19107 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00355388 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

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 (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 01 01 2006 through 03 31 2006

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 07 03 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Italian American Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		42633.40
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	42633.40									
(c) Total Receipts (from Line 19) .....	70903.00	70903.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	113536.40	113536.40								
7. Total Disbursements (from Line 31) .....	55408.85	55408.85								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	58127.55	58127.55								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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) .....	54003.00	54003.00
(ii) Unitemized .....	7000.00	7000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	61003.00	61003.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	9900.00	9900.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	70903.00	70903.00
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)) .....	70903.00	70903.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	70903.00	70903.00

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	54408.85	54408.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	54408.85	54408.85
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.....	1000.00	1000.00
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))..	55408.85	55408.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	55408.85	55408.85

**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) .....	70903.00	70903.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	70903.00	70903.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	54408.85	54408.85
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	54408.85	54408.85

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)  
CHRISTY ADAMS

Mailing Address 264 S. 4TH STREET

City PHILADELPHIA State PA Zip Code 19106

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF Occupation ATTORNEY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 03 / 2006

Transaction ID: SA11A1.6508

Amount of Each Receipt this Period  
 350.00

**B.** Full Name (Last, First, Middle Initial)  
JAMES J. ANDERSON

Mailing Address 205 LURGAN ROAD

City NEW HOPE State PA Zip Code 18938

FEC ID number of contributing federal political committee. **C**

Name of Employer JAMES J. ANDERSON CONSTRUCTION CO., IN Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 13 / 2006

Transaction ID: SA11A1.6509

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
JAMES J. ANDERSON

Mailing Address 205 LURGAN ROAD

City NEW HOPE State PA Zip Code 18938

FEC ID number of contributing federal political committee. **C**

Name of Employer JAMES J. ANDERSON CONSTRUCTION CO., IN Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 13 / 2006

Transaction ID: SA11A1.6510

Amount of Each Receipt this Period  
 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **725.00**

**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: (check only one)	PAGE 7 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
ANGELO AUTERI

Mailing Address 315 RICHFIELD RD.

City DREXEL HILL State PA Zip Code 19082

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF EMPLOYED Occupation HARDWARE ADMIN.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.6512

Amount of Each Receipt this Period  
 350.00

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH A. AUTERI

Mailing Address 555 E. CITY LINE AVE.

City BALA CYNWYD State PA Zip Code 19004

FEC ID number of contributing federal political committee. **C**

Name of Employer BERARDI & ASSOC. Occupation FINANCIAL ADVISOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 553.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 1 8 / 2 0 0 6

Transaction ID: SA11A1.6515

Amount of Each Receipt this Period  
 428.00

**C.** Full Name (Last, First, Middle Initial)  
JOSEPH A. AUTERI

Mailing Address 555 E. CITY LINE AVE.

City BALA CYNWYD State PA Zip Code 19004

FEC ID number of contributing federal political committee. **C**

Name of Employer BERARDI & ASSOC. Occupation FINANCIAL ADVISOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 653.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.6514

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 878.00

**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: (check only one)	PAGE 8 / 51
	<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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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MILDRED L. BANKS

Mailing Address 1518 N. 61ST STREET

City State Zip Code  
PHILADELPHIA PA 19151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 27 / 2006

Transaction ID: SA11A1.6518

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
MILDRED L. BANKS

Mailing Address 1518 N. 61ST STREET

City State Zip Code  
PHILADELPHIA PA 19151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RETIRE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 10 / 2006

Transaction ID: SA11A1.6519

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Kenneth L. Baritz

Mailing Address 1218 Chestnut St. Suite 1005

City State Zip Code  
Philadelphia PA 19107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kenneth L. Baritz, Esq. Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1025.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 20 / 2006

Transaction ID: SA11A1.6522

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1475.00

**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: (check only one)	PAGE 9 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Kenneth P. Barrow</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1489 Baltimore Pike		<b>Transaction ID: SA11A1.6524</b>	
City Springfield	State PA	Amount of Each Receipt this Period 350.00	
Zip Code 19064		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Self-Employed	Occupation Realtor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. Amato Berardi</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2006	
Mailing Address 555 City Line Ave, Suite 770		<b>Transaction ID: SA11A1.6527</b>	
City Bala Cynwyd	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 19004		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Berardi, Auteri & Assoc	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C. Amato Berardi</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 555 City Line Ave, Suite 770		<b>Transaction ID: SA11A1.6528</b>	
City Bala Cynwyd	State PA	Amount of Each Receipt this Period 100.00	
Zip Code 19004		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Berardi, Auteri & Assoc	Occupation Partner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER: PAGE 10 / 51  
(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

**A.** Full Name (Last, First, Middle Initial)  
BOB BRADY FOR CONGRESS

Mailing Address 1827 South Broad Street

City State Zip Code  
PHILADELPHIA PA 19148

FEC ID number of contributing federal political committee. **C** C00333740

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2006

Transaction ID: SA11A1.6531

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Sammy A. Braccia

Mailing Address 201 Pine Ave.

City State Zip Code  
Horsham PA 19044-2422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
S. Braccia Builders & Developers Homebuilder

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2006

Transaction ID: SA11A1.6537

Amount of Each Receipt this Period  
725.00

**C.** Full Name (Last, First, Middle Initial)  
Ill Lewis J. Brandolini

Mailing Address 2219 Grubbs Mill Rd.

City State Zip Code  
Berwyn PA 19312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Brandolini Companies Investor/Developer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 10 / 2006

Transaction ID: SA11A1.6539

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2075.00**

**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: (check only one)	PAGE 11 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Ill Lewis J. Brandolini		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6
Mailing Address 2219 Grubbs Mill Rd.		Transaction ID: SA11A1.6540
City State Zip Code Berwyn PA 19312	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Brandolini Companies	Occupation Investor/Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Emil F. Bucceroni		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6
Mailing Address 3425A Lawrence St.		Transaction ID: SA11A1.6542
City State Zip Code Philadelphia PA 19148	Amount of Each Receipt this Period 1850.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Food Distribution Center	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Raymond S. Bucceroni		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 2020 Walnut Street, Apt 31F		Transaction ID: SA11A1.6544
City State Zip Code Philadelphia PA 19103	Amount of Each Receipt this Period 1850.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Raymond S. Bucceroni Real Estate	Occupation Realtor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	4100.00
<b>TOTAL</b> 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: (check only one)	PAGE 12 / 51
	<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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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Barbara Capozzi		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006
Mailing Address 3320 S. 20th Street		<b>Transaction ID:</b> SA11A1.6551
City Philadelphia State PA Zip Code 19145	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self Employed	Occupation Real Estate/ Insurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Capozzi Real Estate/Insurance Ltd.		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2006
Mailing Address 3320 South 20th St.		<b>Transaction ID:</b> SA11A1.6550
City Philadelphia State PA Zip Code 19145	Amount of Each Receipt this Period 1025.00	
FEC ID number of contributing federal political committee. <b>C</b>		Attribute to Barbara Capozzi
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Barbara Capozzi		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2006
Mailing Address 3320 S. 20th Street		<b>Transaction ID:</b> SA11A1.6550.0
City Philadelphia State PA Zip Code 19145	Amount of Each Receipt this Period 1025.00	
FEC ID number of contributing federal political committee. <b>C</b>		Attributed from Capozzi Real Estate
Name of Employer Self Employed	Occupation Real Estate/ Insurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1125.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 51
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Jr. Peter Ciarrocci		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address PO Box 11193		<b>Transaction ID:</b> SA11A1.6555	
City Philadelphia	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 19136-6193			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Chickie's & Pete's	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Jr. Peter Ciarrocci		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address PO Box 11193		<b>Transaction ID:</b> SA11A1.6556	
City Philadelphia	State PA	Amount of Each Receipt this Period 150.00	
Zip Code 19136-6193			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Chickie's & Pete's	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Jessica R. Conley		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 0 6	
Mailing Address 716 Eaton Rd.		<b>Transaction ID:</b> SA11A1.6562	
City Drexel Hill	State PA	Amount of Each Receipt this Period 375.00	
Zip Code 19026-1507			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer District Attorney's Office of Delaware	Occupation Asst. District Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	775.00
<b>TOTAL</b> 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: (check only one)	PAGE 14 / 51
	<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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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Peter J. Cordua

Mailing Address 53 Wimbledon Way

City State Zip Code  
Marlton NJ 08053

FEC ID number of contributing federal political committee. **C**

Name of Employer: Cordua & Company, PC   Occupation: CPA

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 24 / 2006

Transaction ID: SA11A1.6567

Amount of Each Receipt this Period  
175.00

**B.** Full Name (Last, First, Middle Initial)  
Sr. Guido DiCicco

Mailing Address 37 Summer Place

City State Zip Code  
Huntingdon Valley PA 19006

FEC ID number of contributing federal political committee. **C**

Name of Employer: DiCicco, Inc.   Occupation: Owner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1225.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.6577

Amount of Each Receipt this Period  
1225.00

**C.** Full Name (Last, First, Middle Initial)  
Michael G. Eckstein

Mailing Address PO Box 1043

City State Zip Code  
Bryn Mawr PA 19010

FEC ID number of contributing federal political committee. **C**

Name of Employer: MTRZP   Occupation: Information Requested-Best Efforts

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 20 / 2006

Transaction ID: SA11A1.6584

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1800.00
<b>TOTAL</b> 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: (check only one)	PAGE 15 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A.</b> Nicholas V. Falcone		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006
Mailing Address 282 Forest Road		<b>Transaction ID:</b> SA11A1.6586
City State Zip Code Merion Station PA 19066	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Falcone Printing & General Contracting	Occupation Contractor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Jr. Lawrence M. Farnese		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2006
Mailing Address Academy House Apt. 29D		<b>Transaction ID:</b> SA11A1.6589
City State Zip Code Philadelphia PA 19102	Amount of Each Receipt this Period 175.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Klett, Rooney	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C.</b> ROCCO FIORENTINO		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2006
Mailing Address 48 DOWNING LANE		<b>Transaction ID:</b> SA11A1.6591
City State Zip Code VOORHEES NJ 08043	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer FREEDOM RINGS, LLC	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> 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: (check only one)	PAGE 16 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
JAMES A. FORSTER

Mailing Address 105 BURGUNDY CIRCLE

City State Zip Code  
BLUE BELL PA 19422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF INSURANCE AGENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2006

Transaction ID: SA11A1.6592

Amount of Each Receipt this Period  
1750.00

**B.** Full Name (Last, First, Middle Initial)  
Steven H. Freiberg

Mailing Address 74 Appletree Lane  
Washington Township

City State Zip Code  
Sewell NJ 08080

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested-Best Efforts Information Requested-Best Efforts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2006

Transaction ID: SA11A1.6594

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Gary Barbera Dodgeland

Mailing Address 6719 Ridge Ave.

City State Zip Code  
Philadelphia PA 19128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2006

Transaction ID: SA11A1.6603

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> 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: (check only one)	PAGE 17 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph Gatta

Mailing Address 144 Windsor Ave.

City State Zip Code  
Haddonfield NJ 08033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Joseph Gatta & Sons Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 13 / 2006

Transaction ID: SA11A1.6605

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
VINCENT GENOVESE

Mailing Address 3050 RED LION RD.

City State Zip Code  
PHILADELPHIA PA 19114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AUGUSTA AEROSPACE EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1850.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 27 / 2006

Transaction ID: SA11A1.6607

Amount of Each Receipt this Period  
1850.00

**C.** Full Name (Last, First, Middle Initial)  
VINCENT GENOVESE

Mailing Address 3050 RED LION RD.

City State Zip Code  
PHILADELPHIA PA 19114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AUGUSTA AEROSPACE EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1950.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2006

Transaction ID: SA11A1.6606

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2450.00
<b>TOTAL</b> 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: (check only one)	PAGE 18 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
John P. Hagan

Mailing Address 2323 Fairway Rd.

City State Zip Code  
Huntingdon Valley PA 19006

FEC ID number of contributing federal political committee. **C**

Name of Employer US Financial Mortgage Service  
Occupation Trustee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.6615

Amount of Each Receipt this Period  
700.00

**B.** Full Name (Last, First, Middle Initial)  
William A. Harvey

Mailing Address 260 S. Broad St.

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C**

Name of Employer Klehr Harrison Harvey Brandburg & Elle  
Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.6618

Amount of Each Receipt this Period  
700.00

**C.** Full Name (Last, First, Middle Initial)  
Jeanine Jewell

Mailing Address 1100 Baily Dr.

City State Zip Code  
Phoenixville PA 19460

FEC ID number of contributing federal political committee. **C**

Name of Employer NEXUS Payments  
Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.6620

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> 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: (check only one)	PAGE 19 / 51
	<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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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Law Offices of Vincent B. Mancini & Associates Mailing Address 414 E. Baltimore Ave. City State Zip Code Media PA 19063 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID:</b> SA11A1.6628 Amount of Each Receipt this Period 1000.00 Attributed to Vincent Mancini
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B.</b> VINCENT MANCINI Mailing Address 414 E. BALTIMORE PIKE City State Zip Code MEDIA PA 19063 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID:</b> SA11A1.6628.0 Amount of Each Receipt this Period 1000.00 Attributed from Law Offices <b>[MEMO ITEM]</b>
Name of Employer SELF-EMPLOYED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation ATTORNEY Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Law Offices of Vincent B. Mancini & Associates Mailing Address 414 E. Baltimore Ave. City State Zip Code Media PA 19063 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006 <b>Transaction ID:</b> SA11A1.6629 Amount of Each Receipt this Period 350.00 Attributed to Vincent Mancini
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 1350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1350.00
<b>TOTAL</b> 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: (check only one)	PAGE 20 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
VINCENT MANCINI

Mailing Address 414 E. BALTIMORE PIKE

City State Zip Code  
MEDIA PA 19063

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2006

Transaction ID: SA11A1.6629.0

Amount of Each Receipt this Period  
350.00

Attributed from Law Offices

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Marco P. Lentini

Mailing Address 157 W. Browning Rd.

City State Zip Code  
Bellmawr NJ 08031

FEC ID number of contributing federal political committee. **C**

Name of Employer Avanti Food Corp. Occupation Information Requested-Best Efforts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2006

Transaction ID: SA11A1.6630

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Vincent Mallardi

Mailing Address The Drake  
1512 Spruce Street

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested-Best Efforts Occupation Canadian Consulate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2006

Transaction ID: SA11A1.6639

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 21 / 51		
	<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

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

**A.** Full Name (Last, First, Middle Initial)  
Ill Anthony V. Mannino

Mailing Address 1420 Locust Street, Unit 207

City Philadelphia	State PA	Zip Code 19102
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2006

**Transaction ID:** SA11A1.6643

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
STEPHEN L. MARMER

Mailing Address 504 ADDISON CT.

City PHILADELPHIA	State PA	Zip Code 19147
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer E. FRANK HOPKINS CO.	Occupation EXECUTIVE
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2006

**Transaction ID:** SA11A1.6644

Amount of Each Receipt this Period  
1850.00

**C.** Full Name (Last, First, Middle Initial)  
Donna Massanova

Mailing Address 2022 Shunk St.

City Philadelphia	State PA	Zip Code 19145
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FEC ID number of contributing federal political committee. **C**

Name of Employer Parente Randolph, LLC	Occupation CPA
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2006

**Transaction ID:** SA11A1.6646

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2550.00
<b>TOTAL</b> 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: (check only one)	PAGE 22 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Donna Massanova

Mailing Address 2022 Shunk St.

City Philadelphia State PA Zip Code 19145

FEC ID number of contributing federal political committee. **C**

Name of Employer Parente Randolph, LLC Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2006

Transaction ID: SA11A1.6647

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Anthony F. Naccarato

Mailing Address 4514 Princeton Ave.

City Philadelphia State PA Zip Code 19135-1842

FEC ID number of contributing federal political committee. **C**

Name of Employer O'Donnell & Naccarato Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2150.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2006

Transaction ID: SA11A1.6655

Amount of Each Receipt this Period  
2150.00

**C.** Full Name (Last, First, Middle Initial)  
Kathleen J. O'Leary

Mailing Address 2223 S. Broad St.

City Philadelphia State PA Zip Code 19148

FEC ID number of contributing federal political committee. **C**

Name of Employer O'Leary Funeral Home Occupation Funeral Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2006

Transaction ID: SA11A1.6659

Amount of Each Receipt this Period  
700.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3050.00</b>
<b>TOTAL</b> 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: (check only one)	PAGE 23 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)  
Kathleen J. O'Leary

Mailing Address 2223 S. Broad St.

City Philadelphia State PA Zip Code 19148

FEC ID number of contributing federal political committee. **C**

Name of Employer O'Leary Funeral Home Occupation Funeral Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.6660

Amount of Each Receipt this Period  
 200.00

**B.** Full Name (Last, First, Middle Initial)  
SANDRA PALERMO

Mailing Address 1443 REVELATION RD.

City MEADOWBROOK State PA Zip Code 19046

FEC ID number of contributing federal political committee. **C**

Name of Employer MULLER, INC. Occupation EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2545.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 1 / 2 7 / 2 0 0 6

Transaction ID: SA11A1.6663

Amount of Each Receipt this Period  
 2545.00

**C.** Full Name (Last, First, Middle Initial)  
C. John Palumbo

Mailing Address 120 Riverside Dr.

City Elkton State MD Zip Code 21921

FEC ID number of contributing federal political committee. **C**

Name of Employer Palumbo's Car Care Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 2 / 2 4 / 2 0 0 6

Transaction ID: SA11A1.6665

Amount of Each Receipt this Period  
 1750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4495.00**

**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: (check only one)	PAGE 24 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Pendino Construction, LLC

Mailing Address PO Box 674

City Haddonfield State NJ Zip Code 08033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	6

Transaction ID: SA11A1.6673

Amount of Each Receipt this Period  
550.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Pendino

Mailing Address P.O. Box 674

City Haddonfield State NE Zip Code 08033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pendino Construction, LLC Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	0	5

Transaction ID: SA11A1.6673.0

Amount of Each Receipt this Period  
550.00

Attributed

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Annamarie Phillips

Mailing Address 240 Park Place

City Media State PA Zip Code 19063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Information Requested-Best Efforts Information Requested-Best Efforts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	3	/	2	0	0	6

Transaction ID: SA11A1.6679

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	900.00
<b>TOTAL</b> 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: (check only one)	PAGE 25 / 51
	<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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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Dominic A. Pileggi		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 18 West 2nd Street		Transaction ID: SA11A1.6681	
City State Zip Code Media PA 19063	Amount of Each Receipt this Period 575.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer D. Pileggi & Sons	Occupation Builder		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Francis X. Pileggi		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2006	
Mailing Address 5 Fox Chase Rd.		Transaction ID: SA11A1.6686	
City State Zip Code Malvern PA 19355	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Fox Rothschild, LLP	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Jr. Joseph P. Possenti		Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2006	
Mailing Address 601 Tryens Rd.		Transaction ID: SA11A1.6688	
City State Zip Code Aston PA 19014	Amount of Each Receipt this Period 700.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Joseph P. Possenti, PC	Occupation Accountant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1775.00
<b>TOTAL</b> 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: (check only one)	PAGE 26 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph M. Procacci

Mailing Address 1103 Golf Rd.

City State Zip Code  
Riverton NJ 08077-2204

FEC ID number of contributing federal political committee. **C**

Name of Employer Procacci Brothers Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2006

Transaction ID: SA11A1.6690

Amount of Each Receipt this Period  
2250.00

**B.** Full Name (Last, First, Middle Initial)  
Anthony R. Radwanski

Mailing Address 5040 Grant Ave.

City State Zip Code  
Philadelphia PA 19114

FEC ID number of contributing federal political committee. **C**

Name of Employer City of Philadelphia Occupation Communications Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
MM / DD / YYYY  
02 / 10 / 2006

Transaction ID: SA11A1.6693

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Alex A. Rigolizzo

Mailing Address 781 Fawnhill Rd.

City State Zip Code  
Broomall PA 19008

FEC ID number of contributing federal political committee. **C**

Name of Employer Toews Corporation Occupation COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
01 / 20 / 2006

Transaction ID: SA11A1.6700

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2700.00
<b>TOTAL</b> 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: (check only one)	PAGE 27 / 51
	<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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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. William J. Santora</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1018 Childs Ave.		<b>Transaction ID: SA11A1.6703</b>	
City State Zip Code Drexel Hill PA 19026		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation A & E Construction Contractor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. MARIA SANTORO</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2006	
Mailing Address 991 N. GRANGE AVE		<b>Transaction ID: SA11A1.6704</b>	
City State Zip Code COLLEGEVILLE PA 19426		Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation SANTORO TILE & MARBLE EXECUTIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. MARIA SANTORO</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 17 / 2006	
Mailing Address 991 N. GRANGE AVE		<b>Transaction ID: SA11A1.6705</b>	
City State Zip Code COLLEGEVILLE PA 19426		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation SANTORO TILE & MARBLE EXECUTIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> 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: (check only one)	PAGE 28 / 51
	<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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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MARIA SANTORO

Mailing Address 991 N. GRANGE AVE

City State Zip Code  
COLLEGEVILLE PA 19426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SANTORO TILE & MARBLE EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2006

Transaction ID: SA11A1.6706

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Jennifer Schalleur

Mailing Address 201 Summerwind Lane

City State Zip Code  
Harleysville PA 19438

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Christo Consulting, LLC IT Consulting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 20 / 2006

Transaction ID: SA11A1.6708

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
ANDREW J. SCUTTI

Mailing Address 1348 ARTHUR RD.

City State Zip Code  
MAPLE GLEN PA 19002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DALE CORPORATION DIRECTOR OF SAFETY & HEALTH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 20 / 2006

Transaction ID: SA11A1.6713

Amount of Each Receipt this Period  
350.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> 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: (check only one)	PAGE 29 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
ANDREW J. SCUTTI

Mailing Address 1348 ARTHUR RD.

City State Zip Code  
MAPLE GLEN PA 19002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DALE CORPORATION DIRECTOR OF SAFETY & HEALTH

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2006

Transaction ID: SA11A1.6711

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Frederick A. Stampone

Mailing Address 1017 Herkness Dr.

City State Zip Code  
Meadowbrook PA 19046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pep Boys Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1850.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 17 / 2006

Transaction ID: SA11A1.6715

Amount of Each Receipt this Period  
1850.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph P. Stampone

Mailing Address 1390 Tanglewood Drive

City State Zip Code  
North Wales PA 19454

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stampone, D'Angelo & Renzi Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3150.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2006

Transaction ID: SA11A1.6717

Amount of Each Receipt this Period  
3150.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5075.00
<b>TOTAL</b> 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: (check only one)	PAGE 30 / 51
	<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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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Joseph P. Stampone</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 03 / 2006	
Mailing Address 1390 Tanglewood Drive		<b>Transaction ID: SA11A1.6718</b>	
City State Zip Code North Wales PA 19454	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Stampone, D'Angelo & Renzi	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3250.00		

Full Name (Last, First, Middle Initial) <b>B. J. Brett Studner</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 20 / 2006	
Mailing Address 2 W. Lafayette St.		<b>Transaction ID: SA11A1.6723</b>	
City State Zip Code Norristown PA 19401	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Citizens Clair Insurance Group	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. J. Brett Studner</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 27 / 2006	
Mailing Address 2 W. Lafayette St.		<b>Transaction ID: SA11A1.6722</b>	
City State Zip Code Norristown PA 19401	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Citizens Clair Insurance Group	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1350.00
<b>TOTAL</b> 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: (check only one)	PAGE 31 / 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Carol Tamburino</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006	
Mailing Address 3 Sea Side Ct.		Transaction ID: SA11A1.6724	
City <b>Margate</b>	State <b>NJ</b>	Zip Code <b>08402</b>	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Turner Construction	Occupation Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B. JOSEPH TARANTINO</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2006	
Mailing Address 700 W. GERMANTOWN PIKE		Transaction ID: SA11A1.6726	
City <b>E. NORRITON</b>	State <b>PA</b>	Zip Code <b>19403</b>	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CONTINENTAL REALTY	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. JOSEPH TARANTINO</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 700 W. GERMANTOWN PIKE		Transaction ID: SA11A1.6727	
City <b>E. NORRITON</b>	State <b>PA</b>	Zip Code <b>19403</b>	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer CONTINENTAL REALTY	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	550.00
<b>TOTAL</b> 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 32 / 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) Fred Tropea Mailing Address PO Box 31 City State Zip Code Glen Mills PA 19342 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.6731 Amount of Each Receipt this Period 1050.00
Name of Employer: Ruggiero Construction Development LLC Occupation: VP of Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1050.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Fred Tropea Mailing Address PO Box 31 City State Zip Code Glen Mills PA 19342 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.6732 Amount of Each Receipt this Period 25.00
Name of Employer: Ruggiero Construction Development LLC Occupation: VP of Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1075.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Kenneth R. Vennera Mailing Address 133 Discovery Court City State Zip Code Norristown PA 19401 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.6738 Amount of Each Receipt this Period 1750.00
Name of Employer: Eidentify Inc. Occupation: Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1950.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2825.00</b>
<b>TOTAL</b> 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 33 / 51
	(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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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Kenneth R. Vennera

Mailing Address 133 Discovery Court

City State Zip Code  
Norristown PA 19401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Edentify Inc. Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1980.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2006

Transaction ID: SA11A1.6736

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Anthony D. Zingarelli

Mailing Address 2506 S. 22nd St.

City State Zip Code  
Philadelphia PA 19145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ZAC Management Group, LLC Healthcare

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3700.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 24 / 2006

Transaction ID: SA11A1.6744

Amount of Each Receipt this Period  
3700.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3730.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	54003.00

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

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

FOR LINE NUMBER: PAGE 34 / 51  
(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

**A.** Full Name (Last, First, Middle Initial)  
Cement Masons Local #592 PAC

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 2 0 / 2 0 0 6

Transaction ID: SA11C.6553

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Committee to Elect Mayor Joseph DiGirolamo

Mailing Address 3982 Grace Ave.

City State Zip Code  
Bensalem PA 19020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bensalem Township

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11C.6560

Amount of Each Receipt this Period  
325.00

**C.** Full Name (Last, First, Middle Initial)  
Friends of Mario Civera

Mailing Address PO Box 682

City State Zip Code  
Pilgrim Gardens PA 19026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11C.6596

Amount of Each Receipt this Period  
1225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2050.00**

**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: (check only one)	PAGE 35 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Friends to Elect Christine M. Tartaglione

Mailing Address 1407 Vankirk St.

City Philadelphia State PA Zip Code 19149-3327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 7 / 2 0 0 6

Transaction ID: SA11C.6598

Amount of Each Receipt this Period  
 200.00

**B.** Full Name (Last, First, Middle Initial)  
Fumo for Senate

Mailing Address 1208 Tasker Street, 2nd Floor

City Philadelphia State PA Zip Code 19148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2050.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 0 3 / 2 0 0 6

Transaction ID: SA11C.6601

Amount of Each Receipt this Period  
 2050.00

**C.** Full Name (Last, First, Middle Initial)  
Local 98 IBEW Committee on Political Education

Mailing Address 1719 Spring Garden St.

City Philadelphia State PA Zip Code 19130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3150.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 0 3 / 2 0 0 6

Transaction ID: SA11C.6634

Amount of Each Receipt this Period  
 3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	5250.00
<b>TOTAL</b> 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: (check only one)	PAGE 36 / 51
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. PECO PAC</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 2301 Market St. PO Box 8699		<b>Transaction ID: SA11C.6669</b>	
City Philadelphia      State PA      Zip Code 19101-8699	Amount of Each Receipt this Period 550.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer      Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) <b>B. Reinforced Iron Workers Riggers &amp; Machinery Movers</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address Local Union #45 2433 Reed St.		<b>Transaction ID: SA11C.6695</b>	
City Philadelphia      State PA      Zip Code 19146	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer      Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Responsible Citizens</b>		Date of Receipt M M / D D / Y Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address PO Box 12090		<b>Transaction ID: SA11C.6697</b>	
City Harrisburg      State PA      Zip Code 17108-2090	Amount of Each Receipt this Period 1350.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer      Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	9500.00

**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 37 / 51

<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

Full Name (Last, First, Middle Initial)

**A. AUDIO VISUAL COMMUNICATIONS**

Mailing Address 435 CROOKED LANE

City KING OF PRUSSIA State PA Zip Code 19406

Purpose of Disbursement  
PAC FUNDRAISING EVENT COSTS-LIGHT/SOUND

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6496

Date of Disbursement

03 / 17 / 2006

Amount of Each Disbursement this Period

765.00

**B. BANKCARD/FIRST PENN BANK**

Mailing Address 1835 MARKET ST

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6461

Date of Disbursement

02 / 02 / 2006

Amount of Each Disbursement this Period

99.27

**C. BANKCARD/FIRST PENN BANK**

Mailing Address 1835 MARKET ST

City PHILADELPHIA State PA Zip Code 19103

Purpose of Disbursement  
CREDIT CARD FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6464

Date of Disbursement

02 / 23 / 2006

Amount of Each Disbursement this Period

2354.13

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

3218.40

**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)

PAGE 38 / 51

<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

Full Name (Last, First, Middle Initial) <b>A. BANKCARD/FIRST PENN BANK</b>		Transaction ID: SB21B.6465 Date of Disbursement																				
Mailing Address 1835 MARKET ST		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	3		2	0	0	6													
City PHILADELPHIA	State PA	Zip Code 19103																				
Purpose of Disbursement CREDIT CARD FEES		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>154.13</td></tr></table>	154.13																			
154.13																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/ Type																					

Full Name (Last, First, Middle Initial) <b>B. BANKCARD/FIRST PENN BANK</b>		Transaction ID: SB21B.6479 Date of Disbursement																				
Mailing Address 1835 MARKET ST		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	8		2	0	0	6													
City PHILADELPHIA	State PA	Zip Code 19103																				
Purpose of Disbursement CREDIT CARD FEES		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>37.26</td></tr></table>	37.26																			
37.26																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/ Type																					

Full Name (Last, First, Middle Initial) <b>C. BANKCARD/FIRST PENN BANK</b>		Transaction ID: SB21B.6480 Date of Disbursement																				
Mailing Address 1835 MARKET ST		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		0	2		2	0	0	6													
City PHILADELPHIA	State PA	Zip Code 19103																				
Purpose of Disbursement CREDIT CARD FEES		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>4.48</td></tr></table>	4.48																			
4.48																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:	Category/ Type																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>195.87</td></tr></table>	195.87
195.87		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

**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 39 / 51

<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

Full Name (Last, First, Middle Initial) <b>A. BANKCARD/FIRST PENN BANK</b>		<b>Transaction ID:</b> SB21B.6481
Mailing Address 1835 MARKET ST		Date of Disbursement MM / DD / YYYY 03 / 02 / 2006
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement CREDIT CARD FEES	Amount of Each Disbursement this Period 1.25	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BANKCARD/FIRST PENN BANK</b>		<b>Transaction ID:</b> SB21B.6482
Mailing Address 1835 MARKET ST		Date of Disbursement MM / DD / YYYY 03 / 02 / 2006
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement BANK SERVICE CHARGES	Amount of Each Disbursement this Period 15.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. BANKCARD/FIRST PENN BANK</b>		<b>Transaction ID:</b> SB21B.6485
Mailing Address 1835 MARKET ST		Date of Disbursement MM / DD / YYYY 03 / 02 / 2006
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement CREDIT CARD FEES	Amount of Each Disbursement this Period 95.26	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>111.51</b>
<b>TOTAL</b> 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)

PAGE 40 / 51

<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

Full Name (Last, First, Middle Initial) <b>A. BANKCARD/FIRST PENN BANK</b>		Transaction ID: SB21B.6487 Date of Disbursement																					
Mailing Address 1835 MARKET ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	6		2	0	0	6														
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD FEES		Category/ Type	66.38																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>B. BANKCARD/FIRST PENN BANK</b>		Transaction ID: SB21B.6488 Date of Disbursement																					
Mailing Address 1835 MARKET ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	6														
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD FEES		Category/ Type	0.16																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>C. BANKCARD/FIRST PENN BANK</b>		Transaction ID: SB21B.6489 Date of Disbursement																					
Mailing Address 1835 MARKET ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	6														
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD FEES		Category/ Type	8.44																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	74.98
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.6490																					
<b>A. BANKCARD/FIRST PENN BANK</b>		Date of Disbursement																					
Mailing Address 1835 MARKET ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	0		2	0	0	6														
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD FEES		Category/ Type	26.51																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.6495																					
<b>B. BANKCARD/FIRST PENN BANK</b>		Date of Disbursement																					
Mailing Address 1835 MARKET ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	6														
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD FEES		Category/ Type	0.26																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		<b>Transaction ID:</b> SB21B.6498																					
<b>C. BANKCARD/FIRST PENN BANK</b>		Date of Disbursement																					
Mailing Address 1835 MARKET ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	7		2	0	0	6														
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANK SERVICE CHARGES		Category/ Type	10.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	36.77
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. BANKCARD/FIRST PENN BANK</b>		<b>Transaction ID:</b> SB21B.6499 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 6
Mailing Address 1835 MARKET ST		Amount of Each Disbursement this Period 0.26
City PHILADELPHIA State PA Zip Code 19103	Purpose of Disbursement CREDIT CARD FEES 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>B. CHRISTO CONSULTING</b>		<b>Transaction ID:</b> SB21B.6456 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 6
Mailing Address 292 Main St. Suite 331		Amount of Each Disbursement this Period 294.75
City Harleysville State PA Zip Code 19438	Purpose of Disbursement WEBSITE DESIGN & MAINTENANCE 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) ▼	Category/Type

Full Name (Last, First, Middle Initial) <b>C. DAVE PASCAL</b>		<b>Transaction ID:</b> SB21B.6477 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6
Mailing Address 7 MADISON DR.		Amount of Each Disbursement this Period 320.00
City WILLOW GROVE State PA Zip Code 19090	Purpose of Disbursement PAC FUNDRAISING EVENT COST-ENTERTAINMENT 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) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>615.01</b>
<b>TOTAL</b> 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
<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) <b>A. FRANK MARCO</b>		<b>Transaction ID: SB21B.6466</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6
Mailing Address 7 MADISON RD.		Amount of Each Disbursement this Period 320.00
City WILLOW GROVE	State PA	
Zip Code 19090		Category/ Type
Purpose of Disbursement PAC FUNDRAISING EVENT COST-ENTERTAINMENT		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. KEVIN ROSENBERG</b>		<b>Transaction ID: SB21B.6500</b> Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 526 N. FRANKLIN ST.		Amount of Each Disbursement this Period 325.00
City POTTSTOWN	State PA	
Zip Code 19464		Category/ Type
Purpose of Disbursement PAC FUNDRAISING EVENT COST-ENTERTAINMENT		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. LA COLLINA</b>		<b>Transaction ID: SB21B.6445</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 37-41 ASHLAND AVE.		Amount of Each Disbursement this Period 330.71
City BELMONT HILLS	State PA	
Zip Code 19004		Category/ Type
Purpose of Disbursement Board Meeting Expense		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	975.71
<b>TOTAL</b> 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)  
LUIGI & GIOVANNI CATERERS

Mailing Address 3601 CHAPEL ROAD

City State Zip Code  
NEWTOWN SQUARE PA 19073

Purpose of Disbursement  
PAC FUNDRAISING EVENT COST-CATERING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6486

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
MARTIN BENEDETTI

Mailing Address 7 MADISON RD.

City State Zip Code  
WILLOW GROVE PA 19090

Purpose of Disbursement  
PAC FUNDRAISING EVENT COST-ENTERTAINMENT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6474

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
MIKE ELIA

Mailing Address 7 MADISON RD.

City State Zip Code  
WILLOW GROVE PA 19090

Purpose of Disbursement  
PAC FUNDRAISING EVENT COST-ENTERTAINMENT

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6470

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

**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
<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) <b>A. MIKE MOUNTAIN PHOTOGRAPHY</b>		<b>Transaction ID:</b> SB21B.6502 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 737 N. EASTON RD.		Amount of Each Disbursement this Period 465.40
City GLENSIDE State PA Zip Code 19038	Purpose of Disbursement PAC FUNDRAISING EVENT COST-PHOTOGRAPHY	
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) ▼	

Full Name (Last, First, Middle Initial) <b>B. Philadelphia Public Record</b>		<b>Transaction ID:</b> SB21B.6440 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 1330 W. Ritner St.		Amount of Each Disbursement this Period 235.00
City Philadelphia State PA Zip Code 19148	Purpose of Disbursement PAC ADVERTISING	
Candidate Name		Category/Type 001
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) ▼	

Full Name (Last, First, Middle Initial) <b>C. PRIESTLY PRINTERS</b>		<b>Transaction ID:</b> SB21B.6504 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 233-45 N. JUNIPER ST		Amount of Each Disbursement this Period 4274.65
City PHILADELPHIA State PA Zip Code 19107	Purpose of Disbursement PAC PRINTING & REPRODUCTION	
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>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4975.05
<b>TOTAL</b> 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
<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) <b>A. PRIESTLY PRINTERS</b>		<b>Transaction ID:</b> SB21B.6505 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 233-45 N. JUNIPER ST		Amount of Each Disbursement this Period 2394.80
City PHILADELPHIA State PA Zip Code 19107	Category/ Type	
Purpose of Disbursement PAC PRINTING & REPRODUCTION		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>B. ROBERT TAYLOR</b>		<b>Transaction ID:</b> SB21B.6472 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6
Mailing Address 2456 ELDON AVE.		Amount of Each Disbursement this Period 320.00
City DREXEL HILL State PA Zip Code 19026	Category/ Type	
Purpose of Disbursement PAC FUNDRAISING EVENT COST-ENTERTAINMENT		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) <b>C. SHERATON SOCIETY HILL</b>		<b>Transaction ID:</b> SB21B.6506 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address ONE DOCK ST.		Amount of Each Disbursement this Period 27588.88
City PHILADELPHIA State PA Zip Code 19106	Category/ Type	
Purpose of Disbursement PAC FUNDRAISING EVENT COST-EVENT VENUE		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	30303.68
<b>TOTAL</b> 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

Full Name (Last, First, Middle Initial) <b>A. TINA KATSOS</b>		<b>Transaction ID: SB21B.6468</b> Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 0 6
Mailing Address 7 MADISON RD.		Amount of Each Disbursement this Period 320.00
City WILLOW GROVE	State PA	
Zip Code 19090		Category/ Type 003
Purpose of Disbursement PAC FUNDRAISING EVENT COST-ENTERTAINMENT		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. UTA ASSOCIATES</b>		<b>Transaction ID: SB21B.6438</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 1205 LOCUST ST SUITE 100		Amount of Each Disbursement this Period 6518.21
City PHILADELPHIA	State PA	
Zip Code 19107		Category/ Type 003
Purpose of Disbursement PAC FUNDRAISING COMMISSIONS		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. UTA ASSOCIATES</b>		<b>Transaction ID: SB21B.6439</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 6
Mailing Address 1205 LOCUST ST SUITE 100		Amount of Each Disbursement this Period 1250.00
City PHILADELPHIA	State PA	
Zip Code 19107		Category/ Type 003
Purpose of Disbursement PAC FUNDRAISING COMMISSIONS		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8088.21</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>53648.69</b>

**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 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 checked="" 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.** FRIENDS OF FARNESE

Mailing Address 1420 LOCUST STREET  
SUITE 20R

City PHILADELPHIA State PA Zip Code 19102

Purpose of Disbursement  
CAMPAIGN CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB29.6463

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 49 / 51 FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

**Transaction ID: SC/10.4284**

<b>LOAN SOURCE</b> 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 <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">7500.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">7500.00</div>
---	---	---

**TERMS**

Date Incurred <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 6</div> <div style="border: 1px solid black; padding: 2px;">D D 1 5</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 1</div> </div>	Date Due <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Interest Rate <div style="border: 1px solid black; width: 100%; height: 20px;"></div> % (apr)	Secured: <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: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">7500.00</div>
<b>TOTALS</b> This Period (last page in this line only) .....	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<b>Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.</b>	

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 50 / 51  FOR LINE 13 OF FORM 3X
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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

**Transaction ID: SC/10.4271**

<b>LOAN SOURCE</b> 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:
M M 03 D D 17 Y Y Y Y 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: <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"/>

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

Form/Schedule: **F3XA**

Transaction ID:

NATIONAL ITALIAN AMERICAN PAC (NIAPAC) IS FILING THIS AMENDED REPORT IN RESPONSE TO YOUR REQUEST FOR ADDITIONAL INFORMATION (RFAI) DATED JUNE 2, 2006. THE BEGINNING CASH BALANCE IN THIS AMENDED REPORT HAS BEEN UPDATED TO REFLECT THE ENDING CASH BALANCE ON THE PREVIOUS QUARTER'S AMENDED REPORT FILED MAY 12, 2006. WE HAVE CHANGED THE DESCRIPTIONS FOR ALL EXPENDITURES ORIGINALLY LISTED AS 'ADVERTISING' OR 'PRINTING' TO EITHER 'PAC ADVERTISING' OR 'PAC PRINTING' AS THESE EXPENDITURES WERE FOR NIAPAC AND DID NOT CONTAIN EXPRESS ADVOCACY FOR ANY CANDIDATE. WE HAVE ALSO CHANGED THE DESCRIPTIONS FOR ALL EXPENDITURES ORIGINALLY LISTED AS 'EVENT COSTS' TO 'PAC FUNDRAISING EVENT COSTS-DESCRIPTION' TO GIVE A MORE DETAILED DESCRIPTION OF THE PURPOSE OF THE EXPENDITURE AND TO REFLECT THAT ALL OF THESE COSTS WERE FOR A FUNDRAISING EVENT SOLELY BENEFITING NIAPAC. LASTLY, WE HAVE INCLUDED THE ADDRESS FOR THE ONE ITEMIZED DISBURSEMENT THAT DID NOT HAVE AN ADDRESS ON OUR ORIGINAL REPORT.