

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2001 JUN 12 A 9 19

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>44 SECOND STREET PIKE STE 200</b>	2. FEC IDENTIFICATION NUMBER <b>C00255288</b>
CITY, STATE and ZIP CODE <b>SOUTHAMPTON PA 18966</b>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <b>4-1-01</b> through <b>4-30-01</b>		
6. (a) Cash on Hand January 1, <sup>2001</sup> 16		\$ 2,958.62
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,532.90	
(c) Total Receipts (from Line 19)	\$ 6,987.32	\$ 54,720.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 19,520.22	\$ 57,678.74
7. Total Disbursements (from Line 30)	\$ 11,689.32	\$ 49,847.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 7,830.84	\$ 7,830.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20489 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 11,500.00	

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 <b>VINCENT M LASORSA</b>	Date <b>6/8/01</b>
Signature of Treasurer <i>Vincent M. Lasorsa CPA</i>	

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

FEC FORM 3X

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 11/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
<u>NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE</u>	FROM <u>4-1-01</u>	TO: <u>4-30-01</u>
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (see Schedule A)	4,695.00	4,675.00
ii. Unitemized	2,275.00	2,275.00
iii. Total (add i and ii) >	6,970.00	6,950.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	6,970.00	
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		2,500.00
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	17.32	20.12
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	6,987.32	54,720.12
20. Total Federal Receipts (subtract line 18 from line 19) >	6,987.32	54,720.12
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	15,500.00
24. Independent Expenditures (see Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements	11,189.38	34,347.90
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11,689.38	49,847.90
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	6,970.00	6,950.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,970.00	6,950.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4  
FOR LINE NUMBER 117

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code DR. PASQUALE NESTIO 1809 ORELAND AVE PHILA PA 19142	Name of Employer CARDINALRY COUNCILS  Occupation MD Aggregate Year-to-Date > 6	Date (month, day, year) 4/5/01	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Biagio Desimone 6101 FRANKFORD AVE PHILA PA 19126	Name of Employer DESIMONE SUZUKI  Occupation CORP EXECUTIVE Aggregate Year-to-Date > 5	Date (month, day, year) 4/5/01	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code SILVIO MODAFFERI 1001 LOMBARD STREET PHILADELPHIA PA 19147	Name of Employer SILVIO F MODAFFERI, ATTORNEY AT LAW  Occupation LAWYER Aggregate Year-to-Date > 4	Date (month, day, year) 4/5/01	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code RONALD SCOLEE 640 MAIN STREET DARBY PA 19022	Name of Employer OK RENTALS  Occupation OWNER Aggregate Year-to-Date > 5	Date (month, day, year) 4/5/01	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Melinda Denofa 3816 LOOP ROAD HUNTINGDON VALLEY PA 19006	Name of Employer DENOFA INC  Occupation CORP. EXECUTIVE Aggregate Year-to-Date > 3	Date (month, day, year) 4/22/01	Amount of Each Receipt this Period 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code LAURA DELLOSA 101 LINDBERGH AVE BROOMALL PA 19008	Name of Employer ROMA TRAVEL  Occupation TRAVEL AGENT Aggregate Year-to-Date > 5	Date (month, day, year) 4/22/01	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code ROBERT L D'ANJOLELLI JAMES ROAD 4 WEST CHESTER PIKE BROOMALL PA 19008	Name of Employer D'ANJOLELLI'S MEMORIAL HOMES  Occupation ADMIN Aggregate Year-to-Date > 5	Date (month, day, year) 4/22/01	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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

2,100.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
 NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code DOMINICK A. RIPPOLLINI PO Box 200 CHELTENHAM PA 19012-0200 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KEYSTONE OUTDOOR ADVERTISING Occupation OWNER Aggregate Year-to-Date > \$	Date (month, day, year) 4/22/01	Amount of Each Receipt this Period 200.00
B. Full Name, Mailing Address and ZIP Code LAWRENCE T FOTI, Esq 124 VETERANS SQUARE MEDIA PA 19063 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LAWRENCE T FOTI, Esq Occupation LAWYER Aggregate Year-to-Date > \$	Date (month, day, year) 4/22/01	Amount of Each Receipt this Period 20.00
C. Full Name, Mailing Address and ZIP Code JAY G OCHROCH 901 FOX CHASE ROAD JENKINTOWN PA 19046 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer JAY G OCHROCH, Esq Occupation LAWYER Aggregate Year-to-Date > \$	Date (month, day, year) 4/22/01	Amount of Each Receipt this Period 125.00
D. Full Name, Mailing Address and ZIP Code FRED J AMBROSIO 21 BALA AVE, SUITE 101 BALA CYNWYD PA 19004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AMBROSIO ASSOCIATES Occupation LAWYER Aggregate Year-to-Date > \$	Date (month, day, year) 4/22/01	Amount of Each Receipt this Period 125.00
E. Full Name, Mailing Address and ZIP Code FRANK SALVATORE 316 LUXMONT ST PHILA PA 19116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer F.A.S. ASSOCIATES Occupation CONSULTANT Aggregate Year-to-Date > \$	Date (month, day, year) 4/22/01	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code CHRISTINE M TARTAGLIONE 1403 VANVIERK ST PHILA PA 19149 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PA LEASE Occupation STEEL SENATOR Aggregate Year-to-Date > \$	Date (month, day, year) 4/22/01	Amount of Each Receipt this Period 125.00
G. Full Name, Mailing Address and ZIP Code CHARLES KAHN JR 1515 LOCUST ST, SUITE 301 PHILA PA 19102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer KAHN & CO, INC Occupation REALTOR Aggregate Year-to-Date > \$	Date (month, day, year) 4/22/01	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)	945.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)  
**NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>SAMUEL J TALUCCI</b> 251 MONTGOMERY AVE APT 9 HAVERTOWN PA 19041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	N/A Occupation: <b>RETIRED</b> Aggregate Year-to-Date > \$	4/23/01	350.00
<b>GIORGIO P SARGIOLA</b> 103 WOODSIDE AVE NARBERTH PA 19073 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TEMPLE UNIVERSITY Occupation: <b>PROFESSOR</b> Aggregate Year-to-Date > \$	4/22/01	50.00
<b>STEVEN F MARINO, ESQ</b> 1701 WALNUT STREET PHILA PA 19103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	MARINO + JEWELLERY Occupation: <b>LAWYER</b> Aggregate Year-to-Date > \$	4/23/01	250.00
<b>DANIEL F VOLPE</b> 16 MELISSA WAY PLYMOUTH MEETING PA 19462 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	VOLPE EXPRESS Occupation: <b>OWNER</b> Aggregate Year-to-Date > \$	4/23/01	100.00
<b>JAMES J ANDERSON</b> 205 KURBAN ROAD NEW HOPE PA 18928 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	JAMES J ANDERSON CONSTRUCTION CO, INC Occupation: <b>COOP EXECUTIVE</b> Aggregate Year-to-Date > \$	4/22/01	175.00
<b>PAUL J RUBINO</b> 50 DARGY ROAD PAOLI PA 19301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PAUL J RUBINO, ESQ Occupation: <b>LAWYER</b> Aggregate Year-to-Date > \$	4/23/01	125.00
<b>JOSEPH DIBAROLANO</b> 2400 BYWAY ROAD BENSLEM PA 19020 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	TWP of Benslem Occupation: <b>MAYOR</b> Aggregate Year-to-Date > \$	4/23/01	125.00

SUBTOTAL of Receipts This Page (optional) ..... **1,175.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 4  
FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)

NATIONAL AMERICAN POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY M. DI LUCIA 100 JACOBS HALL LAWE LANSDALE PA 19446	N/A	4/23/01	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER A. NACCARATO THE COURSE BLDG - SUITE 950 PHILA PA 19106	O'DONNELL & NACCARATO	4/22/01	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ENGINEER	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY SARCIONE PO Box 266 Oxford PA 19363	MONTGOMERY COUNTY	4/23/01	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: JUDGE	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... 475.00  
TOTAL This Period (last page this line number only) ..... 1,695.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOE BIRROLOANO COMMITTEE TO ELECT JOE BIRROLOANO 2400 BYRLEY ROAD RENSSELAER NY 14020	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-19-01	\$500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$00.00

TOTAL This Period (last page this line number only)

\$00.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SOCIETY HILL SHERATON 1 DUCK STREET PHILA PA 19106	ELECT HALL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-16-01	10,600.00
MOUNTAIN PHOTOGRAPHY 2038 GRANT AVE PHILA PA 19115	PHOTOS / EVENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-18-01	54.20
FIRST PENN BANK ELEVEN PENN CENTER 1835 MARKET ST PHILA PA 19103	BANK CHARGE / CHECKS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-30-01	28.18
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

11,184.38

TOTAL This Period (last page this line number only)

11,184.28



**LOANS**

Name of Committee (In Full) NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code of Loan Source <u>AMATO CARARDI</u> <u>555 EAST CRYLINE AVE</u> <u>BALA CYNWYD PA 19004</u> Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan <u>2,500.00</u>	Cumulative Payment To Date <u>.00</u>	Balance Outstanding at Close of This Period <u>2,500.00</u>
Terms: Date Incurred <u>1-17-01</u> Date Due <u>N/A</u> Interest Rate <u>1 1/8 % (apr)</u> <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured			

List All Endorsers or Guarantors (if any) to item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)	<u>2,500.00</u>
TOTALS This Period (last page in this line only)	<u>2,500.00</u>

**SCHEDULE D**

(Revised 3/80)

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

Name of Committee (in Full) NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor SOCIETY HILL SHERATON 1 DOCK STREET PHILA PA 19106	19,620.00	-0-	10,620.00	9,000.00
Nature of Debt (Purpose): EVENT HALL				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	9,000.00
2) TOTALS This Period (last page in this line only)	9,000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	2,500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	11,500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
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*JEI*  
PREPARER

*6-12-01*  
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