

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2001 JUN 12 A 9 18

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMM.**

ADDRESS (number and street)  Check if different than previously reported  
**44 SECOND STREET PIKE STE 302**

CITY, STATE and ZIP CODE  
**SOUTHAMPTON PA 18966**

2. FEC IDENTIFICATION NUMBER  
**C00255388**

3.  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	COLUMN B
5. Covering Period <u>1-1-01</u> through <u>1-31-01</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, <sup>2001</sup> <del>2000</del> .....		\$ 2,958.62
(b)	Cash on Hand at Beginning of Reporting Period .....	\$ 2,958.62	
(c)	Total Receipts (from Line 19) .....	\$ 9,142.86	\$ 9,142.86
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	\$ 12,101.48	\$ 12,101.48
7.	Total Disbursements (from Line 30) .....	\$ 895.00	\$ 895.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	\$ 11,206.48	\$ 11,206.48
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	\$	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	\$ 2,500.00	

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 **VINCENT M LASORSA**

Signature of Treasurer *Vincent M. Lasorsa CPA* Date **6/8/01**

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 1/1/81)

NAME OF COMMITTEE

NATIONAL ITALIAN AMERICAN POLITICAL ACTION COM. INC.

REPORT COVERING PERIOD

FROM 1-1-01

TO: 1-31-01

	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)	6,640.00	6,640.00	11(a)
ii. Unitemized			11(b)
iii. Total (add i and ii) >	6,640.00	6,640.00	11(c)
b. Political Party Committees			11(d)
c. Other Political Committees (such as PACs)			11(e)
d. Total Contributions (add a iii, b and c) >	6,640.00	6,640.00	11(f)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received	2,500.00	2,500.00	13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	2.86	2.86	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	9,142.86	9,142.86	19
20. Total Federal Receipts (subtract line 18 from line 19) >	9,142.86	9,142.86	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >			21(d)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (see Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements	895.00	895.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	895.00	895.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11f)	6,640.00	6,640.00	32
33. Total Contribution Refunds (from line 28d)	- 0 -	- 0 -	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,640.00	6,640.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	- 0 -	- 0 -	35
36. Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -	36
37. Net Operating Expenditures (subtract line 36 from 35) >	- 0 -	- 0 -	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11

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 Vincent + Maria Durso 21 Hawk Lane Marlton NJ 08053	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$	Date (month, day, year) 1/22/01	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Susan + James Pagliarini 1120 Timbergate Dr Rydal, PA 19046	Name of Employer Morgan Lewis + Bockius, LLP Occupation ATTORNEY Aggregate Year-to-Date > \$	Date (month, day, year) 1/22/01	Amount of Each Receipt this Period \$325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Valerie + Gus Pedicone 2222 S. 17th Street Philadelphia, PA 19145	Name of Employer N/A Occupation N/A Aggregate Year-to-Date > \$	Date (month, day, year) 1/22/01	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Joe Saracino, Suite 104 130 Almshouse Rd. Mallard Creek Village Richboro, PA 18954	Name of Employer State Farm Ins. Agency Occupation INSURANCE AGENT Aggregate Year-to-Date > \$	Date (month, day, year) 1/22/01	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Anthony Genwardi 1143 Gwynedale Way Lansdale, PA 19446	Name of Employer Genwardi Market Occupation ADMIN Aggregate Year-to-Date > \$	Date (month, day, year) 1/22/01	Amount of Each Receipt this Period \$25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Elizabeth Dreate 451 Hermitage Street Philadelphia, PA 19128	Name of Employer Pepper Hamilton Occupation LAWYER Aggregate Year-to-Date > \$	Date (month, day, year) 1/22/01	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Fred Ambrose, Esq. 555 Cityline Ave, Suite 240 Bala Cynwyd, PA 19004	Name of Employer Ambrose Assoc Occupation LAWYER Aggregate Year-to-Date > \$	Date (month, day, year) 1/22/01	Amount of Each Receipt this Period \$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **2** OF **4**  
FOR LINE NUMBER **11**

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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
Charles Kahn 1147 Rydal Rd Rydal, PA 19046	NA	1/22/01	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NA	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Lillian + Charles Colletti, Sr. 1518 Sand Hill Rd. Norristown PA 19001	Name of Employer Colletti's Tavern	Date (month, day, year) 1/22/01	Amount of Each Receipt this Period \$ 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner + Operator	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code Anthony DiLucia 100 Jacob's Hill Lane Lansdale PA 19046	Name of Employer SELF	Date (month, day, year) 1/22/01	Amount of Each Receipt this Period 175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Builder/developer	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code Susan + Louis DiGiacomo 100 Cthidel Ct. North Wales, PA 19454	Name of Employer L.A. DiGiacomo Inc	Date (month, day, year) 1/31/01	Amount of Each Receipt this Period \$ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Funeral Director	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code Julia + Joseph Stampone 1380 Tanglewood Drive North Wales, PA 19454	Name of Employer NA	Date (month, day, year) 1/31/01	Amount of Each Receipt this Period \$ 1,250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NA	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code Allen Toadvine 1602 Carlene Ct. Langhorne PA 19047	Name of Employer Marie Toadvine	Date (month, day, year) 1/31/01	Amount of Each Receipt this Period \$ 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code Linda + Joseph Hand, Jr 55 Jericho Rd Holland PA 18936	Name of Employer Joe Hand Promotions	Date (month, day, year) 1/31/01	Amount of Each Receipt this Period \$ 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NA	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional) ..... **2,015.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **2** OF **4**  
FOR LINE NUMBER **11**

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NAME OF COMMITTEE (In Full)

**NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Carlo Mastroianni 946 Rosa Ave Croydon, PA 19021	Mastroianni Brothers N/A	1/31/01	\$ 100.00
Peter Naccarato The Bourse Bldg, Suite 150 Phila PA 19106	NA NA	1/31/01	\$ 100.00
Dominick Cipollini P.O. Box 207 Chalfont PA 19012	Keystone Outdoor Advertising Owner	1/31/01	1,550.00
Joseph & Linda Piccone 1000 Broad Run Road West Chester, PA 19380	Joseph A. Piccone Inc Builder	1/31/01	\$ 750.00
Elaine + Peter Cassala 1 Moredon Rd Huntingdon Valley PA 19006	NA Doctor	1/31/01	\$ 2500
Fara + Paul Cosentino 2048 Rockhill Rd Sellersville PA 18960	Today's Tile Tile Setter	1/31/01	375.00
Raymond Palmieri P.O. Box 310 Morris Ave Landisville NS 08326	Turners Construction NA	1/31/01	\$ 500.00

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

3,400.00

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 **1** OF **4**  
FOR LINE NUMBER **111**

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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
DENNIS A DEBRA DEMARNA 725 KENNILWORTH AVE CHERRY HILL NJ 08012	EXCEL GRAPHICS, INC	1/22/01	325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CORP EXEC	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code MARK A BERENATO TWO DEW CENTER PLAZA STE 200 PHILA PA 19103	Name of Employer SELF	Date (month, day, year) 1/22/01	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation LAWYER	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	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) .....

425.00

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

6,640.00

**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
PAYMENT PROCESSING DIRECT 125 SPRINGTON MEWS CIR. MEDIA PA 19063	COMPUTER SOFTWARE / CREDIT CARD SET UP FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-15-03	895.00
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)

895.00

TOTAL This Period (last page this line number only)

895.00

**LOANS**

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

A. Full Name, Mailing Address and ZIP Code of Loan Source		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<b>ANASTO BERARDI</b> <b>555 EAST CITY LINE AVE</b> <b>GALA SYNWYD PA 19044</b>		<b>2,500.00</b>	<b>0.00</b>	<b>2,500.00</b>
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
Terms: Date Incurred <u>1-17-01</u> Date Due <u>N/A</u> Interest Rate <u>N/A</u> %(apr) <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		Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):				
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) ..... **2,500.00**

TOTALS This Period (last page in this line only) ..... **2,500.00**



