

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Italian American Political Action Committee

ADDRESS (number and street) 1205 Locust Street
Suite 100
 Check if different than previously reported. (ACC)
Philadelphia PA 19107

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

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 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 11 25 2008 through 12 31 2008

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 01 28 2009

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
National Italian American Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		33486.74
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	21633.94									
(c) Total Receipts (from Line 19)	6820.50	116396.36								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28454.44	149883.10								
7. Total Disbursements (from Line 31)	2334.47	123763.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26119.97	26119.97								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	10000.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
National Italian American Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	2880.00	88789.80
(i) Itemized (use Schedule A)	2130.00	11715.00
(ii) Unitemized	5010.00	100504.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	250.00	9050.00
(c) Other Political Committees (such as PACs)	5260.00	109554.80
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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	1348.03
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1560.50	5493.53
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))	6820.50	116396.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6820.50	116396.36

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.....	2334.47	115331.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	2334.47	115331.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
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	3300.00
(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	3300.00
29. Other Disbursements.....	0.00	4131.25
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))..	2334.47	123763.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2334.47	123763.13

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	5260.00	109554.80
34. Total Contribution Refunds (from Line 28(d))	0.00	3300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5260.00	106254.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2334.47	115331.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1348.03
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2334.47	113983.85

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

<p>A. Full Name (Last, First, Middle Initial) BARBARA AUGUSTINE</p> <p>Mailing Address PO BOX 347</p> <p>City State Zip Code SKIPPACK PA 19474</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Golf Outing Productions Owner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1100.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2008</p> <p>Transaction ID: SA11AI.8411</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Membership Renewal</p>
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<p>B. Full Name (Last, First, Middle Initial) ANGELO AUTERI</p> <p>Mailing Address 315 RICHFIELD RD.</p> <p>City State Zip Code DREXEL HILL PA 19082</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SELF EMPLOYED HARDWARE ADMIN.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 285.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 19 / 2008</p> <p>Transaction ID: SA11AI.8425</p> <p>Amount of Each Receipt this Period 35.00</p> <p>Annual Holiday Party</p>
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<p>C. Full Name (Last, First, Middle Initial) JOSEPH A. AUTERI</p> <p>Mailing Address 2515 GARRETT ROAD</p> <p>City State Zip Code DREXEL HILL PA 19026</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation BERARDI, AUTERI & ASSOC. FINANCIAL PLANNER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 475.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2008</p> <p>Transaction ID: SA11AI.8361</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Membership Renewal</p>
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SUBTOTAL of Receipts This Page (optional)	285.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 20
(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

<p>A. Full Name (Last, First, Middle Initial) Nicole A. Cashman</p> <p>Mailing Address 1000 N. Hancock St.</p> <p>City Philadelphia State PA Zip Code 19123</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cashman & Associates Occupation Public Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 230.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 8</p> <p>Transaction ID: SA11AI.8403</p> <p>Amount of Each Receipt this Period 105.00</p> <p>Annual Holiday Party</p>
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<p>B. Full Name (Last, First, Middle Initial) Alex Chiaro</p> <p>Mailing Address 325 Wexford Rd.</p> <p>City Red Hill State PA Zip Code 18076</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Chiaro's Inc. Occupation Owner</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1725.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 8</p> <p>Transaction ID: SA11AI.8317</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Membership Renewal</p>
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<p>C. Full Name (Last, First, Middle Initial) Louis Cicalese</p> <p>Mailing Address 629 Headquarters Rd.</p> <p>City Ottsville State PA Zip Code 18942</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Delaware River Development Occupation Developer/Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1785.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 8</p> <p>Transaction ID: SA11AI.8394</p> <p>Amount of Each Receipt this Period 35.00</p> <p>Annual Holiday Party</p>
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SUBTOTAL of Receipts This Page (optional)	265.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 20
(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

<p>A. Full Name (Last, First, Middle Initial) Louis Cicalese</p> <p>Mailing Address 629 Headquarters Rd.</p> <p>City State Zip Code Ottsville PA 18942</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Delaware River Development Occupation Developer/Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1910.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 12 / 2008</p> <p>Transaction ID: SA11AI.8415</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Membership Renewal</p>
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<p>B. Full Name (Last, First, Middle Initial) Jessica R. Conley</p> <p>Mailing Address 716 Eaton Rd.</p> <p>City State Zip Code Drexel Hill PA 19026-1507</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer District Attorney's Office of Delaware Occupation Asst. District Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2008</p> <p>Transaction ID: SA11AI.8352</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Membership Renewal</p>
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<p>C. Full Name (Last, First, Middle Initial) Peter J. Cordua</p> <p>Mailing Address 53 Wimbledon Way</p> <p>City State Zip Code Marlton NJ 08053</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Cordua & Company, PC Occupation CPA</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2008</p> <p>Transaction ID: SA11AI.8356</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Membership Renewal</p>
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SUBTOTAL of Receipts This Page (optional)	375.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20
(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)
Guido DiCicco, Sr.
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 ▼ 475.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 8
Transaction ID: SA11AI.8410
Amount of Each Receipt this Period 125.00
Membership Renewal

B. Full Name (Last, First, Middle Initial)
ANTHONY DI SANDRO
Mailing Address 205 MC CLURE DRIVE

City State Zip Code
BLUE BELL PA 19422

FEC ID number of contributing federal political committee. C

Name of Employer FIRST PENN BANK Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8
Transaction ID: SA11AI.8416
Amount of Each Receipt this Period 125.00
Membership Renewal

C. Full Name (Last, First, Middle Initial)
ANTHONY DI SANDRO
Mailing Address 205 MC CLURE DRIVE

City State Zip Code
BLUE BELL PA 19422

FEC ID number of contributing federal political committee. C

Name of Employer FIRST PENN BANK Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8
Transaction ID: SA11AI.8418
Amount of Each Receipt this Period 125.00
Membership Renewal

SUBTOTAL of Receipts This Page (optional) 375.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20
(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)
ROMUALDO LAMBERTI

Mailing Address 4 ARTISAN WAY

City State Zip Code
CHERRY HILL NJ 08003

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

Name of Employer Occupation
Positano Coast President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 05 / 2008

Transaction ID: SA11AI.8343

Amount of Each Receipt this Period
125.00

Membership Renewal

B. 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 Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1450.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 19 / 2008

Transaction ID: SA11AI.8421

Amount of Each Receipt this Period
250.00

Membership Renewal

C. Full Name (Last, First, Middle Initial)
ARTHUR J. MATTIA

Mailing Address 2366 STEVEN RD

City State Zip Code
HUNTINGDON VALLEY PA 19006

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

Name of Employer Occupation
ACTION MFG CO PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 05 / 2008

Transaction ID: SA11AI.8367

Amount of Each Receipt this Period
105.00

Annual Holiday Party

SUBTOTAL of Receipts This Page (optional) ▶ **480.00**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 20
(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)
EUGENE MATTIONI

Mailing Address 4111 GYPSY LANE

City State Zip Code
PHILADELPHIA PA 19144

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

Name of Employer Occupation
MATTIONI LTD ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 19 / 2008

Transaction ID: SA11AI.8417

Amount of Each Receipt this Period
250.00

Membership Renewal

B. Full Name (Last, First, Middle Initial)
Robert A. Messa

Mailing Address 1814 Overlook Road

City State Zip Code
Feasterville PA 19053

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 12 / 2008

Transaction ID: SA11AI.8409

Amount of Each Receipt this Period
35.00

Annual Holiday Party

C. Full Name (Last, First, Middle Initial)
Robert A. Messa

Mailing Address 1814 Overlook Road

City State Zip Code
Feasterville PA 19053

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 12 / 2008

Transaction ID: SA11AI.8414

Amount of Each Receipt this Period
125.00

Membership Renewal

SUBTOTAL of Receipts This Page (optional) ► **410.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 20
(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)
Sandra Palermo

Mailing Address 1443 Revelation Rd.

City State Zip Code
Meadowbrook PA 19046

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

Name of Employer Muller Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.8366

Amount of Each Receipt this Period
175.00

Annual Holiday Party

B.

Full Name (Last, First, Middle Initial)
Dean Picciotti

Mailing Address 1530 Locust Street Suite 2B

City State Zip Code
Philadelphia PA 19102

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

Name of Employer Lex Tech Holdings Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

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

Transaction ID: SA11AI.8379

Amount of Each Receipt this Period
35.00

Annula Holiday Party

C.

Full Name (Last, First, Middle Initial)
JEFFREY SCAFARIA

Mailing Address 1213 CLEARBROOK RD

City State Zip Code
WEST CHESTER PA 19380

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 ▼ 725.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.8422

Amount of Each Receipt this Period
125.00

Membership Renewal

SUBTOTAL of Receipts This Page (optional) ► **335.00**

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

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

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

FOR LINE NUMBER: PAGE 13 / 20
(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)
JEFFREY SCAFARIA

Mailing Address 1213 CLEARBROOK RD

City State Zip Code
WEST CHESTER PA 19380

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

Name of Employer Occupation
SELF ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 19 / 2008

Transaction ID: SA11AI.8426

Amount of Each Receipt this Period
35.00

Annual Holiday Party

B. 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 ▼ 4250.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 05 / 2008

Transaction ID: SA11AI.8346

Amount of Each Receipt this Period
125.00

Membership Renewal

C. Full Name (Last, First, Middle Initial)
Sabrina Strickland

Mailing Address 4041 Ridge Ave
Bldg 18, Apt 105

City State Zip Code
Philadelphia PA 19129

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 12 / 2008

Transaction ID: SA11AI.8387

Amount of Each Receipt this Period
35.00

Annual Holiday Party

SUBTOTAL of Receipts This Page (optional) ► 195.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 20

(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)

Joseph Tarantino

Mailing Address 700 W. Germantown Pike

City State Zip Code
East Norriton PA 19403

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

Name of Employer Occupation
Continental Realty Executive

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	8

Transaction ID: SA11AI.8419

Amount of Each Receipt this Period
125.00

Membership Renewal

B.

Full Name (Last, First, Middle Initial)

VINCENT TURCO

Mailing Address 3544 W. CROWN AVE

City State Zip Code
PHILADELPHIA PA 19114

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 385.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	2		2	0	0	8

Transaction ID: SA11AI.8393

Amount of Each Receipt this Period
35.00

Annual Holiday Party

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

2880.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 20	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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) NEIGHBORS UNITED TO ELECT FRANK DI CICCIO		Date of Receipt
	Mailing Address 3117 BELGRADE ST.		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	PHILADELPHIA	PA	19134
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.8369
	<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="250.00"/>
Receipt For:		Aggregate Year-to-Date ▼	Membership Renewal
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="250.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="250.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 20

(check only one)

<input 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 checked="" 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)
AMERICAN EXPRESS

Mailing Address P.O. BOX 53452

City State Zip Code
PHOENIX AZ 85072-3852

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 0 8

Transaction ID: SA17.8341

Amount of Each Receipt this Period

505.00

Settlement Payment

B.

Full Name (Last, First, Middle Initial)
CARDWORKS ACQUIRING

Mailing Address 101 Crossways Park West

City State Zip Code
Woodbury NY 11797

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
870.74

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 9 / 2 0 0 8

Transaction ID: SA17.8342

Amount of Each Receipt this Period

870.74

Reimbursement

C.

Full Name (Last, First, Middle Initial)
Reinforced Iron Workers Riggers & Machinery Movers

Mailing Address Local Union #45
2433 Reed St.

City State Zip Code
Philadelphia PA 19146

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
675.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 8

Transaction ID: SA17.8365

Amount of Each Receipt this Period

175.00

Annual Holiday Party

SUBTOTAL of Receipts This Page (optional)

1550.74

TOTAL This Period (last page this line number only)

1550.74

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) BANKCARD/CONESTOGA BANK	Transaction ID: SB21B.8322
	Mailing Address 165 POTTSTOWN PIKE	Date of Disbursement MM / DD / YYYY 11 / 30 / 2008
	City CHESTER SPRINGS State PA Zip Code 19425	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement Bank Service Charge	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK	Transaction ID: SB21B.8328
	Mailing Address 165 POTTSTOWN PIKE	Date of Disbursement MM / DD / YYYY 12 / 10 / 2008
	City CHESTER SPRINGS State PA Zip Code 19425	Amount of Each Disbursement this Period 34.95
	Purpose of Disbursement Bank Service Charge	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) CONCENTRIC SERVICES	Transaction ID: SB21B.8332
	Mailing Address 55 ALMADEN BLVD, 7TH FLOOR	Date of Disbursement MM / DD / YYYY 12 / 08 / 2008
	City SAN JOSE State CA Zip Code 95113	Amount of Each Disbursement this Period 19.95
	Purpose of Disbursement Website Maintenance Costs	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	79.90
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 18 / 20

<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) LA COLLINA	Transaction ID: SB21B.8330
	Mailing Address 37-41 ASHLAND AVE.	Date of Disbursement MM / DD / YYYY 12 / 08 / 2008
	City BELMONT HILLS State PA Zip Code 19004	Amount of Each Disbursement this Period 273.52
	Purpose of Disbursement Meeting Expenses 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.	Full Name (Last, First, Middle Initial) LA COLLINA	Transaction ID: SB21B.8331
	Mailing Address 37-41 ASHLAND AVE.	Date of Disbursement MM / DD / YYYY 12 / 08 / 2008
	City BELMONT HILLS State PA Zip Code 19004	Amount of Each Disbursement this Period 77.00
	Purpose of Disbursement Meeting Expenses 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) ▼

C.	Full Name (Last, First, Middle Initial) UTA ASSOCIATES	Transaction ID: SB21B.8329
	Mailing Address 1205 LOCUST ST SUITE 100	Date of Disbursement MM / DD / YYYY 12 / 02 / 2008
	City PHILADELPHIA State PA Zip Code 19107	Amount of Each Disbursement this Period 1250.00
	Purpose of Disbursement December Payment 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) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1600.52
TOTAL This Period (last page this line number only)	▶	1680.42

SCHEDULE C (FEC Form 3X)

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

FOR LINE 13 OF FORM 3X

LOANS

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

Transaction ID: SC/10.4271

LOAN SOURCE Full Name (Last, First, Middle Initial)
Amato Berardi

Election:
 Primary
 General
 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: MM 03 DD 17 YYYY 2001
 Date Due: _____ Interest Rate: 0.0000 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: _____

SUBTOTALS This Period This Page (optional)	▶	2500.00
TOTALS This Period (last page in this line only)	▶	.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

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

LOANS

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

Transaction ID: SC/10.4284

LOAN SOURCE Full Name (Last, First, Middle Initial) AMATO BERARDI	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 555 E. CITY LINA AVE.	
City BALA CYNWYD State PA ZIP Code 19004	

Original Amount of Loan 7500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 7500.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred MM DD YY 06 15 2001	Date Due []	Interest Rate 0.0000 % (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: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)	7500.00
TOTALS This Period (last page in this line only)	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.