

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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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 COMMITTEE		2. FEC IDENTIFICATION NUMBER C00355388
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 414 SECOND STREET PINE STE 302		
CITY, STATE and ZIP CODE SOUTHAMPTON MA 18966		
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	<u>3-1-01</u> through <u>3-31-01</u>		
6. (a) Cash on Hand January 1, 2001			\$ 2,958.62
(b) Cash on Hand at Beginning of Reporting Period		\$ 23,584.37	
(c) Total Receipts (from Line 1B)		\$ 6,874.52	\$ 47,732.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 40,458.90	\$ 50,691.42
7. Total Disbursements (from Line 3C)		\$ 27,926.00	\$ 38,158.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 12,532.90	\$ 12,532.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20469 Tel 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)		\$ 23,120.00	

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	Date 6/8/01
Signature of Treasurer <i>Vincent M. LaSorsa</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

January 2001 Edition

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
<u>NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE</u>	FROM <u>3-1-01</u>	TO <u>3-31-01</u>
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	6,840.00	45,180.00
ii. Unitemized		
iii. Total	6,840.00	45,180.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions	6,840.00	45,180.00
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.)	34.52	52.80
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts	6,874.52	47,732.80
20. Total Federal Receipts	6,874.52	47,732.80
II. Disbursements		
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		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	15,000.00	15,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use 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		
29. Other Disbursements	12,926.00	22,162.50
30. Total Disbursements	27,926.00	38,162.50
31. Total Federal Disbursements		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	6,840.00	45,180.00
33. Total Contribution Refunds (from line 28d)	- 0 -	- 0 -
34. Net Contributions (other than loans)(subtract line 33 from 32)	6,840.00	45,180.00
35. Total Federal Operating Expenditures	- 0 -	- 0 -
36. Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -
37. Net Operating Expenditures	- 0 -	- 0 -

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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
PETER E BENTIVEGNA 541 SOUTH SCHUYLKILL AVE JEFFERSONVILLE PA 19402	OLM INTERNATIONAL CORP. OFFICER	3/12/01	375.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 375.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTINE M TADIBAGIONE 1407 VANKIRK STREET PHILADELPHIA PA 19149-3227	STATE OF PA STATE SENATOR	2/12/01	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 150.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALEX CHIAROS 218 SOUTH MAIN STREET SELEASVILLE PA 19960	CHIAROS GENERAL PARTNER	2/12/01	1,950.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,950.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID L. COHEN, ESQ. 1725 MARKET STREET PHILADELPHIA PA 19102	BALLARD SPARR, ANDREWS & SWANWELL LLP LAWYER	3/12/01	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): FULL BANNER	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SANDRO + HISTINA CORRADO PO BOX 295 SKEPPACK PA 19474	CORRADO & SONS CORP. EXECUTIVE	3/12/01	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAYMOND PALMERI 1800 JFK BLVD, SUITE 1000 PHILA PA 19102	TURNER CONSTRUCTION CORP. EXECUTIVE	2/12/01	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ERNEST M DENDRA JR. 16 E. GRAUER LN PHILA PA 19118	TURNER CONSTRUCTION CORP. EXECUTIVE	3/12/01	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 125.00		

SUBTOTAL of Receipts This Page (optional) 4,150.00

TOTAL This Period (last page this line number only)

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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
EVAN AND TRACEY TAVARECI 408 CHEWES LANDING ROAD HADDENFIELD NJ 08033	N/A	2/12/01	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: N/A	Aggregate Year-to-Date > \$ 250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN J TARDITI JR. 412 WASHINGTON AVE HADDENFIELD NJ 08033	COMMERCE NAT'L BANK	2/12/01	1,300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INSURANCE AGENT	Aggregate Year-to-Date > \$ 1,300.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMATO BEARDI 555 EAST CRYLINA AVE BALA CYNWYD PA 19004	BEARDI & DEAN ASSOC	3/12/01	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INSURANCE AGENT	Aggregate Year-to-Date > \$ 100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GABRIELA CAROZZI 232 SOUTH 21ST STREET 2ND FL PHILA PA 19146	CAROLLI REAL ESTATE	3/12/01	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REAL ESTATE AGENT	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
ALEX CHIARO 218 SOUTH MAIN STREET SELLERSVILLE PA 18960	CHIAROS	3/12/01	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CORP EXECUTIVE	Aggregate Year-to-Date > \$ 2,060.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY DISALVO 1922 MARKET STREET PHILA PA 19103	FIRST PENN BANK	3/12/01	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CORP EXECUTIVE	Aggregate Year-to-Date > \$ 100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SANDRO CORRADI PO BOX 270 TYLERSPUR PA 15971	CORRADI & SONS	3/12/01	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CORP EXECUTIVE	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

2,250.00

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 3 OF 4
FOR LINE NUMBER 117

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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
<u>MARIO D'ADAMO</u> <u>1848 LAUREL PLACE</u> <u>PHILA PA 19145</u>	<u>N/A</u>	<u>3/12/01</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>N/A</u>	Aggregate Year-to-Date <u>> 8</u>	
<u>JOSEPH A PACCONE</u> <u>501 RITE 113</u> <u>CHESTER SPRING PA 19380</u>	<u>JOSEPH A PACCONE INC</u>	<u>3/12/01</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation <u>CORP EXECUTIVE</u>	Aggregate Year-to-Date <u>> 8</u>	
<u>VINCENT GENOVESE</u> <u>3050 RED LANE ROAD</u> <u>PHILA PA 19114</u>	<u>AGUSTA RESEARCH</u>	<u>3/12/01</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>CORP. EXECUTIVE</u>	Aggregate Year-to-Date <u>> 8</u>	
<u>JOHN PRONE</u> <u>160 WENED AVE</u> <u>PHILA PA 19120</u>	<u>N. PHILA HEALTH SYSTEMS</u>	<u>3/12/01</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>CONSULTANT</u>	Aggregate Year-to-Date <u>> 6</u>	
<u>JOSEPH P STAMPARE, ESQ.</u> <u>103 TOWNSHIP LINE ROAD</u> <u>JENKINTOWN PA 19046</u>	<u>STAMPARE, DIANGELO + RENZI</u>	<u>2/12/01</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>LAWYER</u>	Aggregate Year-to-Date <u>> 3</u>	
<u>ELIZABETH P PRETE, ESQ</u> <u>3000 TWO LEAF SQUARE</u> <u>18TH AND BROAD STREETS</u> <u>PHILA PA 19103</u>	<u>PEPPER HAMILTON ET AL</u>	<u>3/12/01</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>LAWYER</u>	Aggregate Year-to-Date <u>> 9</u>	
<u>ANNA M. SARBATINO</u> <u>651 ALLENDALE ROAD</u> <u>KING OF PRUSSIA PA 19106</u>	<u>CONFERENCE NAT'L INS</u>	<u>3/12/01</u>	<u>100.00</u>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <u>LABORER (GENERAL)</u>	Aggregate Year-to-Date <u>> 8</u>	

SUBTOTAL of Receipts This Page (optional) 700.00

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 **111**

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NAME OF COMMITTEE (in Full)

NATIONAL AMERICAN POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code JOSEPH TARANTINO JR 700 W. GERMANTOWN PIKE EAST WILMINGTON PA 19402	Name of Employer CONTINENTAL BAKERY CO. INC Occupation REAL ESTATE AGENT Aggregate Year-to-Date > \$	Date (month, day, year) 3/12/01	Amount of Each Receipt this Period 65.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code ROSITA LUCIA FEUDALE 1837 S. WARREN ST PHILA PA 19147	Name of Employer N/A Occupation RETIRED Aggregate Year-to-Date > \$	Date (month, day, year) 3.8.01	Amount of Each Receipt this Period < 125.00 >
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): RETIRED CHECK			
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date > \$	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):			

SUBTOTAL of Receipts This Page (optional)

< 60.00 >

TOTAL This Period (last page this line number only)

6,840.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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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
VINCENT FUND FUND FOR SENATE 1208 PASIEN ST 2nd fl PHILA PA 19148	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-20-01	15,000.00
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)

15,000.00

TOTAL This Period (last page this line number only)

15,000.00

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
UTA ASSOCIATES 1203 LOCUST STREET STE 100 PHILA PA 19107	COMMISSIONS / EXPENSES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-15-01	8,467.14
SOCIETY HILL SHERATON 1 DOCK STREET PHILA PA 19106	EVENT HALL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-15-01	3,573.86
NATIONAL ITALIAN AMERICAN FEDERATION WASHINGTON DC	BOARD MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-28-01	600.00
KEVIN ROSENBERG PHILA PA	POSTAGE / MAILING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-29-01	275.00
FIRST PENN BANK ELEVEN PENN CENTER 1825 MARKET ST PHILA PA 19102	Bank CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-31-01	10.00
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)

12,926.00

TOTAL This Period (last page this line number only)

12,926.00

LOANS

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

A. Full Name, Mailing Address and ZIP Code of Loan Source AMATO GUARDAI 555 EAST CITY LINE AVE BALA CYNWYD PA 19004 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan 2,500.00	Cumulative Payment To Date .00	Balance Outstanding at Close of This Period 2,500.00
Terms: Date Incurred <u>1-12-01</u> Date Due <u>N/A</u> Interest Rate <u>6 1/8</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 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)	2,500.00
TOTALS This Period (last page in this line only)	2,500.00

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

LINE NUMBER 10
(Use separate schedule 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 DUCK STREET PHILA PA 19106	23,193.86	-	3,573.86	19,620.00
Nature of Debt (Purpose): EVENT HALL				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor VIA ASSOCIATES 1205 LOCUST ST STE 100 PHILA PA 19107	8,467.14	-	8,467.14	- 0 -
Nature of Debt (Purpose): COMMISSIONS / EXPENSES				
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)				19,620.00
2) TOTALS This Period (last page in this line only)				19,620.00
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)				22,120.00

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
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 6-9-01
<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
<input type="checkbox"/> Electronic Filing	
<i>See</i> PREPARER	6-12-01 DATE PREPARED