

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Italian American Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="483.78"/>	<input type="text" value="483.78"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2524.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2800.00"/>	<input type="text" value="7900.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="5324.18"/>	<input type="text" value="8383.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3279.64"/>	<input type="text" value="6339.24"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2044.54"/>	<input type="text" value="2044.54"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Italian American Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2400.00	6150.00
(ii) Unitemized	400.00	1750.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2800.00	7900.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2800.00	7900.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (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))..... ▶	2800.00	7900.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2800.00	7900.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	3279.64	6339.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3279.64	6339.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	3279.64	6339.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3279.64	6339.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	2800.00	7900.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2800.00	7900.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3279.64	6339.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3279.64	6339.24

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Mr. Joseph Tarantino
Full Name (Last, First, Middle Initial)

Mailing Address 1030 Yellow Springs Rd

City Malvern State PA Zip Code 19355-9777

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

Name of Employer Continental Realty Co. Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 18 / 2016
Transaction ID : A7CDF247DDF1643499E7

Amount of Each Receipt this Period 1000.00

Memo Item

B. Mr. Daniel M. DiLella
Full Name (Last, First, Middle Initial)

Mailing Address 3000 Centre Square 1500 Market St

City Phila State PA Zip Code 19102

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

Name of Employer Berwind Property Group Inc. Occupation Principal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2016
Transaction ID : ADAD12AF2426645449FA

Amount of Each Receipt this Period 250.00

Memo Item

C. Mr. Allan Benincasa
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 786

City Spring House State PA Zip Code 19477-0786

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

Name of Employer P.M. Associates Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 26 / 2016
Transaction ID : A8F7F6C3FE3874C67B8C

Amount of Each Receipt this Period 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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: (check only one)	PAGE 7 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Anthony DiSandro
 Full Name (Last, First, Middle Initial)
 Mailing Address 670 Broadmoor Drive
 City Blue Bell State PA Zip Code 19422-4207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stevens & Lee Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **04 / 26 / 2016**
Transaction ID : A0727DFFC8C2844AAA6B
 Amount of Each Receipt this Period **200.00**
 Memo Item

B. Julia Stampone
 Full Name (Last, First, Middle Initial)
 Mailing Address 1390 Tanglwood Dr
 City North Wales State PA Zip Code 19454-0000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Homemaker Occupation Homemaker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **04 / 29 / 2016**
Transaction ID : A82EA928136BA44C0944
 Amount of Each Receipt this Period **450.00**
 Memo Item

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	2400.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-0609

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	01	/	2016

Transaction ID : B1A38AF0011574BBEB8F

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LaCollina

Mailing Address 37-41 Ashland Ave.

City Bala Cynwyd State PA Zip Code 19004

Purpose of Disbursement
Catering Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2016

Transaction ID : B4BA5AE9F24B849B0B6E

Amount of Each Disbursement this Period

306.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle International

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
PAC Service Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2016

Transaction ID : B63C5DCEAF14047C49E1

Amount of Each Disbursement this Period

833.32

Memo Item

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

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

1164.32

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-0609

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2016

Transaction ID : B73219D59627142C087A

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Union League Of Philadelphia

Mailing Address 140 S Broad St

City Philadelphia State PA Zip Code 19102-3003

Purpose of Disbursement
Food for Event

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2016

Transaction ID : B480DC83F51D24D2AA03

Amount of Each Disbursement this Period

917.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Jessica Scott

Mailing Address 211 N. 13Th St
Suite 800

City Philadelphia State PA Zip Code 19107-1610

Purpose of Disbursement
Event Management Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2016

Transaction ID : BD6022F5C36B54ECB975

Amount of Each Disbursement this Period

315.00

Memo Item

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

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

1257.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. PNC Bank

Mailing Address PO Box 609

City Pittsburgh State PA Zip Code 15230-0609

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2016

Transaction ID : **BAD3EF5BAEF9348D986C**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle International

Mailing Address 205 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement
PAC Service Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2016

Transaction ID : **B253CAF2534C044C28A5**

Amount of Each Disbursement this Period

833.32

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

858.32

3279.64

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **National Italian American Political Action Committee** Transaction ID : C3187E5A628C743228E0

LOAN SOURCE Full Name (Last, First, Middle Initial) Amato L. Berardi	<input type="checkbox"/> Memo Item	Election: 2001 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼
Mailing Address 555 E City Ave Ste 770		
City Bala Cynwyd State PA ZIP Code 19004-1115		

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 / DD / YYYY (03 / 17 / 2001) Date Due: MM / DD / YYYY Interest Rate: None % (apr) Secured: Yes No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. 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)..... ▶	

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)

LOANS

NAME OF COMMITTEE (In Full) **National Italian American Political Action Committee** Transaction ID : C654E5658AE49426EABD

LOAN SOURCE Full Name (Last, First, Middle Initial) Amato L. Berardi	<input type="checkbox"/> Memo Item	Election: 2001 <input checked="" type="checkbox"/> Primary General <input type="checkbox"/> Other (specify) ▼
Mailing Address 555 E City Ave Ste 770		
City Bala Cynwyd State PA ZIP Code 19004-1115		

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
06 / 15 / 2001		None % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. 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.