FEC FORM 3X		AND	ORT O DISBU er Than An	RSEM	_	ee		Office Use Only		
1. NAME OF COMMITTEE (in fu	ıll)		MAILING LA OR PRINT 🝟	L/1	ample:If typing er the lines	, type				
	erican Po	Ditical Action	Committee							
ADDRESS (number and	street)	1205 L	ocust Street							
Check if differ	ent	Suite 1	Suite 100							
than previousl reported. (ACC	y	Philade	elphia				PA ⊥	19107	-	
2. FEC IDENTIFICAT		MBER 1	r	CITY 🛋			STATE	ZIPCO	de 萬	
C00355388				3. IS THIS REPORT		NEW (N) OR		MENDED A)		
(Choose One)	 (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) July 15 Quarterly Report(Q2) October 15 Quarterly Report(Q3) January 31 		onthly eport ue On:	Feb 20 (M2 Mar 20 (M3		May 20 (M5) Jun 20 (M6)		g 20 (M8)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)	
Quarterly July 15 Quarterly October Quarterly			12-Day PRE -Electi Report for) Primary (12F Convention (General		Jan 31 (YE) Runoff (12R)	
July 31 M Report(N Year Only Terminat (TER)	on-electio /) (MY)		Post -Elect Report for		General (300		Runoff (2 0 0 6		Special (30S)	
5. Covering Period	1		1 200	6	through		27	2006		
Type or Print Name of T			PH A. AUTER	-	anu vener il IS	true, correct a	anu complete.			
Signature of Treasurer	Electro	onically Filed	l by JOSEP	H A. AUTERI		D	ate 1 2	07	2006	
NOTE : Submission of f	alse, erro	oneous, or ir	complete info	rmation may s	ubject the pers	on signing thi	s Report to th	e penalties of 2 U.	S.C 437g.	
Office Use Only								FEC FOR (Rev. 02/20		

6.

7. Total Disbursements (from Line 31)

SUMMARY PAGE

	FEC Form 3X (Rev.	02/2003)	OF REG	CEIPTS AN	ID DISBURSEMENTS			Page 2
OF RECEIPTS AND DISBURSEMENTS Page 2 Write or Type Committee Name National Italian American Political Action Committee M M M D D D Y Y W Y Y W Y Y W Y Y W Y Y Y W Y Y Y W Y Y Y W Y Y Y Y W Y Y Y Y W Y Y Y Y W Y								
Report	t Covering the Period:	From:				To:		
(a)		[°] 2006 [°] [°]]				2	42633.40
(b)		Period		• • •	48551.36			
(c)	Total Receipts (from L	ine 19)		• • •	3173.55		<u>ہ</u>	31288.01
(d)	6(c) for Column A and	Lines			51724.91		12	23921.41

11249.06

83445.56

40475.85

8. Cash on Hand at Close of **Reporting Period** 40475.85 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed то the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed ΒY the committee (Itemize all on 10000.00 Schedule C and/or Schedule D)

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. 02/2003) Page 3 Write or Type Committee Name National Italian American Political Action Committee 0^D1 ^м м 10 D м м 1 1 2^D7 2006 D 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 1625.00 61778.00 (i) Itemized (use Schedule A) 1400.00 9300.00 (ii) Unitemized (iii) TOTAL (add 3025.00 71078.00 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees (c) 125.00 10025.00 (such as PACs) Total Contributions (add Lines (d) 11(a)(iii),(b) and (c)) (Carry 3150.00 81103.00 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 23.55 185.01 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)).

3173.55

3173.55

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))

20. Total Federal Receipts (subtract Line 18(c) from Line 19) 81288.01

81288.01

DETAILED SUMMARY PAGE

	COLUMN A	
II. DISBURSEMENTS	Total This Period	Calendar Year-to-Date
. 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	10699.06	80895.56
 (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) 	10699.06	80895.56
. Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	1000.00
(use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
. Refunds of Contributions To: (a) Individuals/Persons Other	550.00	550.00
Than Political Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(such as PACs) (d) Total Contribution Refunds	550.00	550.00
(add Lines 28(a), (b), and (c)) 🕨		
. Other Disbursements	0.00	1000.00
 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
. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11249.06	83445.56
. Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii)		

DETAILED SUMMARY PAGE

	FEC Form 3X (Rev. 02/2003)	of Disbursements	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)	3150.00	81103.00				
34.	Total Contribution Refunds (from Line 28(d))	550.00	550.00				
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	2600.00	80553.00				
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	10699.06	80895.56				
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	10699.06	80895.56				

60	HEDIII E A (EEC Form 2V)			OR LINE NUMBER: PAGE 6/21							
	HEDULE A (FEC Form 3X)		Use separate schedule(s) or each category of the	(check only one)							
ITE	MIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12							
				13 14 15 16 17							
Any or fo	information copied from such Reports and Sta or commercial purposes, other than using the n	atements may ame and add	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.							
1	NAME OF COMMITTEE (In Full)										
	National Italian American Political Actio	n Committe	ee								
Α. Ε	Full Name (Last, First, Middle Initial) Barbara Capozzi			Date of Receipt							
_	Aailing Address 3320 S. 20th Street			1 1 / 0 9 / Y Y Y Y 1 1 1 0 9 / 2 0 0 6							
	City	State	Zip Code	Transaction ID: SA11A1.7020							
<u>1</u>	Philadelphia	PA	19145	Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	С		250.00							
N	Name of Employer Self Employed	Occupation Real Esta	n ate/ Insurance								
F	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Primary General		1375.00								
	Other (specify) ▼	0 0	1373.00								
	Full Name (Last, First, Middle Initial) LOUIS CICALESE			Date of Receipt							
N	Nailing Address 629 HEADQUARTERS	RD.		M M / D D / Y							
	Dity	State	Zip Code	Transaction ID: SA11A1.7023							
<u>(</u>	OTTSVILLE	PA	18942	Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	C		125.00							
N	Name of Employer SELF EMPLOYED	Occupation ATTORN									
F	Receipt For:	Aggregate	Year-to-Date 🔻								
	Other (specify) ▼	· · ·	250.00								
-	Full Name (Last, First, Middle Initial)										
-	Frank DiCicco Mailing Address 1207 S. 11th St.			Date of Receipt							
, in				1 1 1 7 2 0 0 6							
Ċ	Dity	State	Zip Code	Transaction ID: SA11A1.7025							
Ī	Philadelphia	PA	19147	Amount of Each Receipt this Period							
	EC ID number of contributing ederal political committee.	C		250.00							
N (Name of Employer City of Philadelphia	Occupation City Cour		1							
F	Receipt For:		Year-to-Date V	1							
	Other (specify) ▼		250.00								
SU	BTOTAL of Receipts This Page (optional)		·····	625.00							
то	TAL This Period (last page this line number or	nly)									

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/21 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 17							
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions							
$\left \right\rangle$	NAME OF COMMITTEE (In Full) National Italian American Political Action	n Committ	ее								
Α.	Full Name (Last, First, Middle Initial) VINCENT MANCINI			Date of Receipt							
	Mailing Address 414 E. BALTIMORE PIK	E		1 1 1 7 Y Y Y Y 1 1 1 1 7 2 0 0 6							
	City	State	Zip Code	Transaction ID: SA11A1.7033							
	MEDIA	PA	19063	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		125.00							
	Name of Employer SELF-EMPLOYED	Occupatio ATTORN									
	Receipt For:	-	e Year-to-Date ▼	_							
	Primary General Other (specify) ▼		1475.00]							
в.	Full Name (Last, First, Middle Initial) SANDRA PALERMO			Date of Receipt							
	Mailing Address 1443 REVELATION RD.		M M / D D / Y Y Y Y 111 17 2006								
	City	State	Zip Code	Transaction ID: SA11A1.7037							
	MEADOWBROOK	PA	19046	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer MULLER, INC.	Occupatio EXECUT									
	Receipt For:		e Year-to-Date ▼								
	Primary General Other (specify) ▼	0 0	3295.00]							
<u> </u>	Full Name (Last, First, Middle Initial) C. John Palumbo			Date of Receipt							
	Mailing Address 120 Riverside Dr.			M M / D D / Y Y Y Y 111 09 2006							
	City	State	Zip Code	Transaction ID: SA11A1.7038							
	Elkton	MD	21921	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		125.00							
	Name of Employer Palumbo's Car Care	Occupatio Owner	n								
	Receipt For:		e Year-to-Date 🔻								
	Primary General Other (specify) ▼	1 I 1 0	1875.00]							
s	UBTOTAL of Receipts This Page (optional)		·····	500.00							
	OTAL This Period (last page this line number or										

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8/21 (check only one) 11a 11b 11c 12 13 14 15 16 17							
Ar	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions							
$\overline{\ }$	NAME OF COMMITTEE (In Full)										
\rangle	National Italian American Political Action	n Committ	ee								
Α.	Full Name (Last, First, Middle Initial) VINCENT PAPALE			Date of Receipt							
	Mailing Address 11 ST. MORITZ LANE			1 1 / 0 9 / Y Y Y Y 1 1 1 / 0 9 / 2 0 0 6							
	City	State	Zip Code	Transaction ID: SA11A1.7039							
	CHERRY HILL	NJ	08003	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		250.00							
	Name of Employer SELF	Occupatio	n								
	Receipt For:	Aggregate	e Year-to-Date 🔻								
	Primary General Other (specify) ▼	0 0	400.00]							
в.	Full Name (Last, First, Middle Initial) ANDREW J. SCUTTI			Date of Receipt							
	Mailing Address 1348 ARTHUR RD.			M M / D D / Y Y Y Y 11 1 17 2006							
	City	State	Zip Code	Transaction ID: SA11A1.7040							
	MAPLE GLEN	PA	19002	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		125.00							
	Name of Employer DALE CORPORATION	Occupatio DIRECT	n OR OF SAFETY & HEALTH								
	Receipt For:	Aggregate	e Year-to-Date 🔻	_							
	Other (specify) ▼	0 0	650.00]							
с.	Full Name (Last, First, Middle Initial) JOSEPH TARANTINO			Date of Receipt							
	Mailing Address 700 W. GERMANTOWN	I PIKE		M M / D D / Y Y Y Y 1 1 0 9 2006							
		State	Zip Code	Transaction ID: SA11A1.7043							
	E. NORRITON FEC ID number of contributing	PA	19403	Amount of Each Receipt this Period							
	federal political committee.	C		125.00							
	Name of Employer CONTINENTAL REALTY	Occupatio EXECUT	IVE								
	Receipt For: Primary General	Aggregate	vggregate Year-to-Date ▼								
	Other (specify) ▼	0 0	825.00								
s	UBTOTAL of Receipts This Page (optional)			500.00							
	OTAL This Period (last page this line number or			1625.00							

Name of Employer

Primary

Other (specify)

General

Receipt For:

		_							
	Mailing Address 1407 VANKIRK ST.		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 21 (check only one) 11a 11b X 11c 12 13 14 15 16 16					
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and addr	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
∇	NAME OF COMMITTEE (In Full)								
	National Italian American Political Action	Committe	e						
Α.		IE		Date of Receipt					
	Mailing Address 1407 VANKIRK ST.			M M / D D / Y					
	City	State	Zip Code	Transaction ID: SA11C.7030					
	PHILADELPHIA	PA	19149-3327	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		125.00					

Occupation

Aggregate Year-to-Date 🔻

125.00

SUBTOTAL of Receipts This Page (optional)	►	125.00
TOTAL This Period (last page this line number only)	►	125.00

FEC Schedule A (Form 3X) Rev. 02/2003

17

S	CHEDULE B (FEC Form 3X)	Use seperate s		FOR LINE NUMBER: PAGE 10/21								
IT	EMIZED DISBURSEMENTS	for each catego		neck only o	ч [′] г	_ 22						
		Detailed Summ	nary Page	×	21b 27	22 28a	23 28b	24 28c	25 29	26 30b		
	y Information copied from such Reports and Statem											
or	or commercial purposes, other than using the name	and address of a	any political c	committe	ee to solic	it contril	outions fr	om such o	committee			
\mathbb{N}	NAME OF COMMITTEE (In Full)	ammittaa										
V	National Italian American Political Action C	ommillee										
<u> </u>	Full Name (Last, First, Middle Initial)					Transa	action ID:	:SB21B.	7045			
Α.	BANKCARD/FIRST PENN BANK						f Disburs					
	Mailing Address 1835 MARKET ST					10) ^D /	²0 ở	6 [×]		
			Code			Amount of Each Disbursement this Period						
		PA 191	103				÷ ÷		25.	00		
	Purpose of Disbursement Credit Card Fees			· ·		L			23.	00		
	Candidate Name			Catego	ory/							
				Туре	-							
	Office Sought: House Disburse		Comoral									
	Senate President	Primary Other (specify)	General									
	State: District:		•									
_	Full Name (Last, First, Middle Initial)					Transa	action ID:	: SB21B.	7053			
В.	BANKCARD/FIRST PENN BANK						f Disburs					
	Mailing Address 1835 MARKET ST					10		Each Disbursement this Period				
			Code			Amour	t of Each	Disburse	ment this	Period		
		PA 191	103				0 0		93.	77		
	Purpose of Disbursement Credit Card Fees						00.					
	Candidate Name		ory/ e									
	Office Sought: House Disburse		Conorol									
	President	Primary Other (specify)	General									
	State: District:		•									
C.	Full Name (Last, First, Middle Initial) BANKCARD/FIRST PENN BANK						action ID: f Disburse	: SB21B. ement	7055			
	Mailing Address 1835 MARKET ST					10	1 / D	D / Y	² 0 Ŏ	6 ^Y		
			Code I 03			Amour	nt of Each	Disburse	ment this	Period		
	Purpose of Disbursement Credit Card Fees					L.			0.	08		
	Candidate Name			Catego Type								
	Office Sought: House Disburse Senate President	ment For: Primary Other (specify)	General ▼									
_	State: District:											
s	UBTOTAL of Disbursements This Page (optional)				Þ				118.	85		
Т	OTAL This Period (last page this line number only)				►							

S	CHEDULE B (FEC Form 3X)					OR LINE NUMBER: PAGE 11/21						
IT	EMIZED DISBURSEMENTS	for each catego	ry of the		check only			3 24 25 [
		Detailed Summa	ary Page	H	x 21b 27	22 28a	23 28b	24 28c	25	26 30b		
	y Information copied from such Reports and Statem											
or f	or commercial purposes, other than using the name	and address of a	ny political o	comm	nittee to so	licit contri	butions fr	om such o	committee	9		
\mathbb{N}	NAME OF COMMITTEE (In Full)											
	National Italian American Political Action C	ommittee										
<u>د</u>	Full Name (Last, First, Middle Initial)					Trans	action ID	: SB21B.	.7057			
Α.	BANKCARD/FIRST PENN BANK						of Disburs					
	Mailing Address 1835 MARKET ST											
		State Zip C				Amount of Each Disbursement this Period						
		PA 191	03		30.							
	Purpose of Disbursement Credit Card Fees											
	Candidate Name			Cate	egory/							
				T	ype							
	Office Sought: House Disburse	ment For: Primary	General									
	President	Other (specify)										
	State: District:											
	Full Name (Last, First, Middle Initial)					Transaction ID: SB21B.7067						
В.	BANKCARD/FIRST PENN BANK						of Disburs					
	Mailing Address 1835 MARKET ST					11	M / D) 2 /	ŹOÒ	6 [×]		
		State Zip C				Amou	nt of Each	Disburse	ement this	Period		
		PA 191	03				i i		25	5.00		
	Purpose of Disbursement Credit Card Fees					L						
	Candidate Name		Category/ Type									
	Office Sought: House Disburser Senate	ment For: Primary	General									
	President	Other (specify)	7									
	State: District:											
C.	Full Name (Last, First, Middle Initial) BANKCARD/FIRST PENN BANK					Date c	f Disburs					
	Mailing Address 1835 MARKET ST					11	M / D) 2 /	ŹOŎ	6		
		State Zip C PA 191				Amou	nt of Each	n Disburse				
	Purpose of Disbursement Credit Card Fees								100	0.00		
	Candidate Name				egory/ ype							
	Office Sought: House Disburse Senate President	ment For: Primary Other (specify)	General									
_	State: District:											
s	UBTOTAL of Disbursements This Page (optional)				. 🕨				155	.73		
Т	OTAL This Period (last page this line number only)											

S	CHEDULE B (FEC Form 3X)					INE NUMBER: PAGE 12/21						
IT	EMIZED DISBURSEMENTS	for each o	category of the		(check or	ń í		00			05	
		Detailed S	Summary Page		X 21b 27	22 28a	$\left - \right $	23 28b	24 28c		25 29	26 30b
	y Information copied from such Reports and Statemo											3
or	or commercial purposes, other than using the name	and addres	ss of any political	con	nmittee to s	olicit con	tributi	ions fro	om such	comm	ittee	
\mathbb{N}	NAME OF COMMITTEE (In Full)											
	National Italian American Political Action C	ommittee										
<u> </u>	Full Name (Last, First, Middle Initial)					Tran	sacti	on ID:	SB21B	7072	<u>,</u>	
Α.	BANKCARD/FIRST PENN BANK					Date of Disbursement						
	Mailing Address 1835 MARKET ST					111 / D D / Y Y Y Y Y Y						
		State	Zip Code			Amo	unt o	f Each	Disburse	ement	this P	Period
		PA	19103					4		÷	20 7	70
	Purpose of Disbursement Credit Card Fees			Г							30.7	3
	Candidate Name			С	ategory/							
					Туре							
	Office Sought: House Disburser											
	Senate President	Primary Other (spe	cifv)									
	State: District:	(op -	j) V									
_	Full Name (Last, First, Middle Initial)					Tran	sacti	on ID:	SB21B	.7088	3	
В.	BANKCARD/FIRST PENN BANK							isburse				_
	Mailing Address 1835 MARKET ST					1 1	М	[_] 2	2 1 /	Ý Ž	0 ð 6	Y
		State	Zip Code			Amo	unt o	f Each	Disburse	ement	this P	Period
		PA	19103			-		0			6.4	11
	Purpose of Disbursement Credit Card Fees			Γ								
	Candidate Name			С	ategory/ Type							
	Office Sought: House Disburser Senate	Primary	General									
	State: District:	Other (spe	Ciry) 🔻									
	Full Name (Last, First, Middle Initial)					Tran	sarti	on ID:	SB21B	7063	2	
C.	CENTER CITY ENGRAVING							isburse		.7000)	
	Mailing Address 1206 WALNUT ST.					1 [™] 0	М	[/] 2	27	Ý Ž	0 ð 6	Y
		State PA	Zip Code 19107			Amo	unt o	f Each	Disburse	-		
	Purpose of Disbursement PAC Advertising			Γ	U U					1	064.6	65
	Candidate Name			С	ategory/ Type							
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼									
_	State: District:											
s	UBTOTAL of Disbursements This Page (optional)				🕨					11	01.7	'9
т	OTAL This Period (last page this line number only)				►							

SCHEDULE B (FEC Form 3X) Use seperate schedule(s) FOR LINE NUMBER: (check only one)			PA	GE 13/	21				
IT	EMIZED DISBURSEMENTS	SBURSEMENTS for each category of the		(check only	one)	23	24	25	26
				27	28a	28b	28c	29	30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name								IS
	NAME OF COMMITTEE (In Full)								
\rangle	National Italian American Political Action C	Committee							
Α.	Full Name (Last, First, Middle Initial)						SB21B.	7083	
	CHRISTO CONSULTING				Date of	Disburse		Y Y	Y
	Mailing Address 292 Main St. Suite 331				11	[′] 2	7	200	6
	,	State Zip Code PA 19438			Amount	of Each	Disburse	ment this	Period
	Purpose of Disbursement	17 19430	T.					45.	00
	Website Design & Maintenance								
	Candidate Name			Category/ Type					
	Office Sought: House Disburse Senate	ment For: Primary Genera	J						
	President	Other (specify)	μ						
	State: District:								
в.	Full Name (Last, First, Middle Initial)						SB21B.	7084	
υ.	CHRISTO CONSULTING				Date of	Disburse		y y	Y
	Mailing Address 292 Main St. Suite 331				111	[′] ^D 2	7	200	6
		State Zip Code PA 19438			Amount	of Each	Disburse	ment this	Period
	Purpose of Disbursement	17 19430	1.					22.	50
	Website Design & Maintenance								
	Candidate Name			Category/ Type					
	Office Sought: House Disburse Senate President	ment For: Primary Genera Other (specify) ▼	l						
	State: District:								
C.	Full Name (Last, First, Middle Initial) Discover Card					tion ID: Disburse	SB21B. ement	7052	
	Mailing Address 2500 Lake Cook Rd.				1 ^M 0 ^M	[′] ^D 0	3 / Y	200	6 ^Y
		State Zip Code			Amount	of Each	Disburse	ment this	Period
	Riverwood Purpose of Disbursement	IL 60015	—				i i	15.	00
	Credit Card Fees								
	Candidate Name			Category/ Type					
	Office Sought: House Disburse	ment For:	_	Турс					
	Senate	Primary Genera	l						
	State: District:	Other (specify)							
s	UBTOTAL of Disbursements This Page (optional) .			Þ	L.			82.	50
Т	OTAL This Period (last page this line number only)			►				-	
FEC	Schedule B (Form 3X) Rev. 02/2003								

SCHEDULE B (FEC Form 3X) Use seperate schedule(s) FOR LINE N (object only)			٦:	PA	GE 14/	21			
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		(check only X 21b	/ one) 22	23	24	25	26
		Detailed Summary Fage		27	28a	28b	28c	29	30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name								IS
	NAME OF COMMITTEE (In Full)	and address of any political	COII					ommillee	
$\left \right\rangle$	National Italian American Political Action C	Committee							
<u>د</u>	Full Name (Last, First, Middle Initial)				Transa	action ID:	SB21B.	7056	
Α.	Discover Card					f Disburs	D / Y	Y Y	Y
	Mailing Address 2500 Lake Cook Rd.				10		1	200	5
	,	State Zip Code IL 60015			Amour	nt of Each	Disburse	ment this	Period
	Purpose of Disbursement	00010	_					4.	22
	Credit Card Fees								
	Candidate Name			ategory/ Type					
	Office Sought: House Disburse Senate	ment For: Primary General							
	President	Primary General Other (specify)							
	State: District:								
в.	Full Name (Last, First, Middle Initial)						SB21B.	7066	
	Discover Card				f Disburs	ement	vv	V	
	Mailing Address 2500 Lake Cook Rd.				1 1)Ž	200	6 '
	, , , , , , , , , , , , , , , , , , ,	State Zip Code IL 60015			Amour	nt of Each	Disburse	ment this	Period
	Purpose of Disbursement		_					15.	00
	Credit Card Fees								
	Candidate Name			ategory/ Type					
	Office Sought: House Disburse Senate	ment For: Primary General							
	President	Other (specify)							
	State: District:								
C.	Full Name (Last, First, Middle Initial) ITALIAN AMERICAN CHAMBER OF COM						SB21B.	7064	
					M	f Disburs		Y Y	Y
	Mailing Address 794 PENLLYN PIKE				10	3	B 0 / Y	200	5
		State Zip Code PA 19422			Amour	nt of Each	Disburse	ment this	Period
	Purpose of Disbursement							500.	00
	Membership Dues Candidate Name			ategory/					
	Galdidate Name			Type					
	3	ment For:							
	Senate President	Primary General Other (specify)							
	State: District:								
s	UBTOTAL of Disbursements This Page (optional) .			►				519.	22
I	OTAL This Period (last page this line number only)			🕨	<u> </u>				
FEC	Schedule B (Form 3X) Rev. 02/2003								

SCHEDULE B (FEC Form 3X)		Lise sene			FOR LINE NUMBER: PAGE 15/21					21		
ITEMIZED DISBURSEMENTS		for each category of the		(check or	ć í		23 24 25			05		
		Detailed S	Summary Page		X 21b 27	22 28a	Η	23 28b	24 28c	Н	25 29	26 30b
	y Information copied from such Reports and Statem											S
or	for commercial purposes, other than using the name	and addres	ss of any political	con	nmittee to s	solicit con	tributi	ons fro	om such	comm	ittee	
\mathbb{N}	NAME OF COMMITTEE (In Full)											
	National Italian American Political Action C	ommittee	•									
<u> </u>	Full Name (Last, First, Middle Initial)					Tran	sacti	on ID:	SB21B	.705()	
Α.	LA COLLINA							sburse	ement		-	
	Mailing Address 37-41 ASHLAND AVE.					[™] 0	М	^D 0	3 /	Ý 2	0 ð 6	Y
		State	Zip Code			Amo	unt o	f Each	Disburse	ement	this F	Period
		PA	19004								EC1 (0
	Purpose of Disbursement Board Meeting Expense			Г							561.0	,0
	Candidate Name			С	ategory/							
					Туре							
	Office Sought: House Disburse											
	Senate President	Primary Other (spe	General									
	State: District:	Other (spe	(Ciry)									
	Full Name (Last, First, Middle Initial)					Tran	sacti	on ID:	SB21B	707:	3	
В.	Linke Printing					-		sburse				
	Mailing Address 2926 Richmond St.					1́1	М	/ D 1	^D /	Ý Ý	0 ð 6	Y
		State PA	Zip Code 19134			Amo	unt o	f Each	Disburse	ement	this F	Period
	Purpose of Disbursement	FA	19134	-		- Г					724.5	55
	Printing & Reproduction									0		
	Candidate Name			С	ategory/							
	Office Sought: House Disburse	mant Fari			Туре	_						
	Office Sought: House Disbursed	Primary	General									
	President	Other (spe	ecify) 🔻									
	State: District:											
C.	Full Name (Last, First, Middle Initial)								SB21B	.7074	4	
0.	Linke Printing					Date	of D	sburse		v v	v	V
	Mailing Address 2926 Richmond St.					1"1		1	^D /	2	0 ð 6	
		State PA	Zip Code 19134			Amo	unt o	fEach	Disburse	ement	this F	Period
	Purpose of Disbursement		10104	_						1	821.9	97
	Printing & Reproduction											
	Candidate Name			С	ategory/ Type	_						
	Office Sought: House Disbursed	ment For: Primary	General									
	President	Other (spe										
	State: District:	(-po	<i>,</i> , ,									
s	UBTOTAL of Disbursements This Page (optional)			<u> </u>	🕨		,			31	107.5	52
								U.S.				
	OTAL This Period (last page this line number only)				🕨							

SCHEDULE B (FEC Form 3X)		Use seperate schedule(s)						GE 16/	16 / 21
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	. I.	(check only X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b
	y Information copied from such Reports and Statem or commercial purposes, other than using the name								
	NAME OF COMMITTEE (In Full) National Italian American Political Action C						Sin Such C	Johnnittee	
Α.	Full Name (Last, First, Middle Initial) NATIONAL ITALIAN AMERICAN FOUNDA	TION				f Disburse	ement		Y
	Mailing Address 1860 19TH STREET N.W	1.			10	0	^D / Y	200	6
		State Zip Code DC 20009			Amoun	it of Each	Disburse	ment this	
	Purpose of Disbursement PAC Advertising Candidate Name		Ca	tegory/	L			1000.	00
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼	1	Гуре					
В.	Full Name (Last, First, Middle Initial) NATIONAL ITALIAN AMERICAN FOUNDA	TION				f Disburse	-		V
	Mailing Address 1860 19TH STREET N.W	1.			10	0	3 /	200	6
	WÁSHINGTON	State Zip Code DC 20009			Amoun	it of Each	Disburse	ment this 1200.	
	Purpose of Disbursement PAC Advertising Candidate Name			tegory/ Гуре	L	<u> </u>	• •	1200	
	Senate President	ment For: Primary General Other (specify) ▼	<u></u>						
	State: District: Full Name (Last, First, Middle Initial)				-		00040	7044	
C.	Philadelphia Public Record				Date of	tiction ID: Disburse	ement		X
	Mailing Address 1330 W. Ritner St.				10	0 / D	^D / Y	200	6
		State Zip Code PA 19148			Amoun	it of Each	Disburse	ment this	Period
	Purpose of Disbursement Advertising							235.	00
	Candidate Name			tegory/ Гуре					
	Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼							
s	UBTOTAL of Disbursements This Page (optional) .			►				2435.	00
	OTAL This Period (last page this line number only)							• •	
<u> </u>									

			NUMBER:	P	AGE 17/	21		
ITEMIZED DISBURSEMENTS for e		for each category of the		eck only	- ′			26
		Detailed Summary Page	X	21b 27		23 24 28b 28c	25 29	30k
	y Information copied from such Reports and Statem							IS
or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and address of any political	Committ	ee to sol	icit contributio	ns from such	committee	
$ \rangle$	National Italian American Political Action C	Committee						
Ľ								
Α.	Full Name (Last, First, Middle Initial) UTA ASSOCIATES					n ID: SB21B	.7075	
					Date of Dis		Y Y Y	Y
	Mailing Address 1205 LOCUST ST SUITE 100				11	^D 27	² 200	6
	City	State Zip Code			Amount of	Each Disburs	ement this	Period
		PA 19107					1050	00
	Purpose of Disbursement Fundraising Consulting						1250.	00
	Candidate Name		Categ	ory/				
			Тур	e				
	Office Sought: House Disburse	ement For: Primary General						
	President	Other (specify)						
	State: District:							
в.	Full Name (Last, First, Middle Initial) UTA ASSOCIATES					n ID: SB21B	.7076	
					Date of Dis		YYYY	Y
	Mailing Address 1205 LOCUST ST SUITE 100				11	^D 27 [/]	žoŏe	6
		State Zip Code PA 19107			Amount of	Each Disburs	ement this I	Period
	Purpose of Disbursement		-	-			1250.	00
	Fundraising Consulting Candidate Name		Categ	orv/				
			Тур	-				
	Office Sought: House Disburse	ement For:						
	President	Primary General Other (specify) ▼						
	State: District:	(-)) V						
c.	Full Name (Last, First, Middle Initial)					n ID: SB21B	.7077	
0.	UTA ASSOCIATES				Date of Dis		Y Y Y Y	Y
	Mailing Address 1205 LOCUST ST				11	^D 27	žoŏe	6
	SUITE 100	State Zip Code			Amount of	Each Disburs	ement this	Period
	PHILADELPHIA	PA 19107					400	09
	Purpose of Disbursement Expense Reimb-Travel, Phone, Postage				L		429.	00
	Candidate Name		Categ	ory/				
			Тур	e				
	Office Sought: House Disburse Senate	ement For: Primary General						
	President	Other (specify)						
_	State: District:							
	UBTOTAL of Disbursements This Page (optional).			►			2929.	08
F	of the of property of the rate (optional).						• •	
	OTAL This Period (last page this line number only)							
FEC	Schedule B (Form 3X) Rev. 02/2003							

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s) (check or	E NUMBER: PAGE 18 / 21					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					
Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating 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 (Last, First, Middle Initial) Verizon Mailing Address PO Box 17577		Transaction ID: SB21B.7077.0Date of Disbursement 111 27 2006					
,	State Zip Code MD 21297	Amount of Each Disbursement this Period					
Purpose of Disbursement Telephone		172.47					
Candidate Name	Category/ Type						
Office Sought: House Disburser Senate President	nent For: Primary General Other (specify) ▼	- [MEMO ITEM]					
State: District:							

1		
SUBTOTAL of Disbursements This Page (optional)	►	0.00
TOTAL This Period (last page this line number only)	►	10449.69
FEC Schedule B (Form 3X) Rev. 02/2003		

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENT	Use seperate schedule(s)	(check only 21b	NUMBER: PAGE 19 / 21 22 23 24 25 26 X 28a 28b 28c 29 30b
	Information copied from such Reports ar or commercial purposes, other than using			
\geq	NAME OF COMMITTEE (In Full) National Italian American Political	ction Committee		
Α.	Full Name (Last, First, Middle Initial) PETER CIARROCCHI, Jr. Mailing Address P.O. BOX 11193			Transaction ID: SB28A.7065 Date of Disbursement
	City PHILADELPHIA Purpose of Disbursement	State Zip Code PA 19136-6193		Amount of Each Disbursement this Period 400.00
	Refunded Contribution Candidate Name		Category/ Type	
	Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		

1		
SUBTOTAL of Disbursements This Page (optional)	►	400.00
TOTAL This Period (last page this line number only)	•	400.00
FEC Schedule B (Form 3X) Rev. 02/2003		

mage#	26930716	6432
-------	----------	------

SCHEDULE C (FEC Form 3X)			PAGE 20 / 21		
LOANS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X		
NAME OF COMMITTEE (In Full)	x				
National Italian American Political Action C	Committee	Transa	ction ID: SC/10.4284		
LOAN SOURCE Full Name (Last, First, Mid	dle Initial)		lection:		
AMATO BERARDI			Primary General		
Mailing Address 555 E. CITY LINA AVE.			Other (specify)		
City BALA CYNWYD	State PA ZIP Code	19004			
Original Amount of Loan	Cumulative Payment To D	ate Balance	Outstanding at Close of This Period		
7500.00		0.00	7500.00		
TERMS Date Incurred	Date Due	Interest Rat	e Secured:		
M M D D Q Y			% (apr) Yes X No		
List All Endorsers or Guarantors (if any) to Loa	n 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			
	_	Amount			
City State	211 0000	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
	_	Amount			
City State		Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)			7500.00		
Carry outstanding balance only to LINE 3, Schedu	Ile D, for this line. If no Sched	ule D, carry forward to approp	praite line of Summary.		

FEC Schedule C (Form 3X) $\, {\rm Rev.}\, 02/2003$

SCHEDULE C (FEC Form 3X)			PAGE 21 / 21
LOANS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X
NAME OF COMMITTEE (In Full)			
National Italian American Political Actio	n Committee	Tropoo	tion ID: SC/10.4271
LOAN SOURCE Full Name (Last, First,	Middle Initial)		ection:
Amato Berardi	,		Primary
Mailing Address			General
Mailing Address 555 City Line Ave, Suit	e 770		Other (specify) ▼
City Bala Cynwyd	State PA ZIP Code	e 19004 -	
Original Amount of Loan	Cumulative Payment To I	Date Balance G	Outstanding at Close of This Period
2500.00		0.00	2500.00
TERMS Date Incurred	Date Due	Interest Rate	e Secured:
M M D D Y Y Y Y	Dale Due		
03 17 2001			% (apr) Yes X No
List All Endorsers or Guarantors (if any) to	Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
		2	
Mailing Address		Occupation	
		Amount	
City Sta	te ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	-	Amount	0 0 0 0 0 0
City Sta	te ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
	-	Amount	
City Sta	te ZIP Code	Guaranteed	
		Outstanding:	
SUBTOTALS This Period This Page (optiona	al)	•	2500.00
			10000.00
TOTALS This Period (last page in this line or	ıly)	······ •	
Carry outstanding balance only to LINE 3, Sch	edule D, for this line. If no Schee	dule D, carry forward to approp	raite line of Summary.

FEC Schedule C (Form 3X) $\, {\rm Rev.}\, 02/2003$