

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Of file only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5
 National Italian American Political Action Committee

ADDRESS (Number and street) (Check if address is changed)
 1205 Locust Street
 Suite 100
 Philadelphia PA 19107
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 atty_cpa@netzero.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 www.nia-pec.com

COMMITTEE'S FAX NUMBER
 8565480142

2. DATE 06 / 17 / 2004

3. FEC IDENTIFICATION NUMBER C C00355388

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer J.D. ANTHONY N. MALLACE CPA

Signature of Treasurer Electronically Filed by J.D. ANTHONY N. MALLACE CPA Date 06 / 17 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

National Italian American Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **J.D. ANTHONY N. MALLACE CPA**

Mailing Address **109 W. MERCHANT ST**

AUDUBON **NJ** **08106** - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

Full Name of Designated Agent **J.D. ANTHONY N. MALLACE CPA**

Mailing Address **109 W. MERCHANT ST**

AUDUBON **NJ** **08106** - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address			
	CITY <small>Δ</small>	STATE <small>Δ</small>	ZIP CODE <small>Δ</small>