

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
National Italian American Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

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	33486.74									
(c) Total Receipts (from Line 19)	16560.00	16560.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50046.74	50046.74								
7. Total Disbursements (from Line 31)	12512.48	12512.48								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37534.26	37534.26								
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
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	3

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	12835.00	12835.00
(i) Itemized (use Schedule A)	2500.00	2500.00
(ii) Unitemized	15335.00	15335.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	1225.00	1225.00
(c) Other Political Committees (such as PACs)	16560.00	16560.00
(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	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 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))	16560.00	16560.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16560.00	16560.00

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.....	12512.48	12512.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	12512.48	12512.48
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 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	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) 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))..	12512.48	12512.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12512.48	12512.48

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)	16560.00	16560.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16560.00	16560.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12512.48	12512.48
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12512.48	12512.48

**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 / 19
	<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

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.	Full Name (Last, First, Middle Initial) CARMEN P. BELEFONTE, Esq.	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 100 N. MORGAN AVE.	Transaction ID: SA11AI.7887
	City State Zip Code HAVERTOWN PA 19283	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF-EMPLOYED Occupation ATTORNEY Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) RICHARD L. BOVE	Date of Receipt MM / DD / YYYY 02 / 14 / 2008
	Mailing Address 2366 WALTON ROAD	Transaction ID: SA11AI.7871
	City State Zip Code HUNTINGDON VALLEY PA 19006	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer SELF EMPLOYED Occupation PHYSICIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

C.	Full Name (Last, First, Middle Initial) Sammy A. Braccia	Date of Receipt MM / DD / YYYY 02 / 21 / 2008
	Mailing Address 201 Pine Ave.	Transaction ID: SA11AI.7891
	City State Zip Code Horsham PA 19044-2422	Amount of Each Receipt this Period 1250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer S. Braccia Builders & Developers Occupation Homebuilder Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2075.00
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 / 19
	<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

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

A. Full Name (Last, First, Middle Initial)
JOHN A. BUMBACA

Mailing Address 7419 BOYER STREET

City PHILADELPHIA State PA Zip Code 19119

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

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 14 / 2008

Transaction ID: SA11AI.7875

Amount of Each Receipt this Period 350.00

B. Full Name (Last, First, Middle Initial)
ROBERT J. CIARUFFOLI

Mailing Address 201 QUEEN STREET, # 6

City PHILADELPHIA State PA Zip Code 19147

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

Name of Employer PERENTE RANDOLPH LLC Occupation CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 21 / 2008

Transaction ID: SA11AI.7894

Amount of Each Receipt this Period 300.00

C. Full Name (Last, First, Middle Initial)
ANTHONY R. D'ALESSANDRO

Mailing Address 200 LADOMUS AVE.

City RIDLEY PARK State PA Zip Code 19078

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

Name of Employer ARN EXPRESS LTD. Occupation REALTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1110.00

Date of Receipt 02 / 21 / 2008

Transaction ID: SA11AI.7890

Amount of Each Receipt this Period 1110.00

SUBTOTAL of Receipts This Page (optional) ► 1760.00

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 / 19
(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)
ROBERT L. D'ANJOLELLS

Mailing Address JAMES RD. & WEST CHESTER PIKE

City State Zip Code
BROOMALL PA 19008

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

Name of Employer Occupation
D'ANJOLELLS MEMORIAL HOMES ADMIN.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2008

Transaction ID: SA11AI.7844

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
John J. DiLeonardo

Mailing Address 1239 Jeffrey Lane

City State Zip Code
Langhorne PA 19047-3764

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

Name of Employer Occupation
Maximus, Inc. Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: SA11AI.7886

Amount of Each Receipt this Period
375.00

C. Full Name (Last, First, Middle Initial)
DILWORTH PAXSON LLP

Mailing Address 1735 MARKET STREET

City State Zip Code
PHILADELPHIA PA 19103

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2008

Transaction ID: SA11AI.7867

Amount of Each Receipt this Period
2250.00

SUBTOTAL of Receipts This Page (optional) ► 2925.00

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 9 / 19
(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) JOSEPH H. JACOVINI</p> <p>Mailing Address 1735 MARKET STREET</p> <hr/> <p>City State Zip Code PHILADELPHIA PA 19103</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation DILWORTH PAXSON LLP ATTORNEY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2250.00</p>	<p>Date of Receipt 02 / 14 / 2008</p> <p>Transaction ID: SA11AI.7867.0</p> <p>Amount of Each Receipt this Period 2250.00</p> <p>ATTRIBUTED FROM DILWORTH PAXSON</p> <p>[MEMO ITEM]</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Antonio Giordano</p> <p>Mailing Address 1230 Gulph Creek Dr.</p> <hr/> <p>City State Zip Code Radnor PA 19087</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Self-Employed Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>	<p>Date of Receipt 02 / 21 / 2008</p> <p>Transaction ID: SA11AI.7881</p> <p>Amount of Each Receipt this Period 350.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Frank Giordano</p> <p>Mailing Address 170 E. Main St.</p> <hr/> <p>City State Zip Code Moorestown NJ 08057</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Atlantic Trailer Leasing Co. President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 02 / 14 / 2008</p> <p>Transaction ID: SA11AI.7858</p> <p>Amount of Each Receipt this Period 300.00</p>
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SUBTOTAL of Receipts This Page (optional)	650.00
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 10 / 19
	<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

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

A.

Full Name (Last, First, Middle Initial)
SCOTT W MACKENZIE

Mailing Address 595 MAIN STREET

City State Zip Code
SCHWENKSVILLE PA

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

Name of Employer Occupation
GOLF OUTING PRODUCTIONS EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2008

Transaction ID: SA11AI.7842

Amount of Each Receipt this Period
1100.00

B.

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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: SA11AI.7845

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
EMILIO MATTICOLI

Mailing Address 3223 S SMEDLEY STREET

City State Zip Code
PHILADELPHIA PA 19145

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

Name of Employer Occupation
FOUNDATIONS INC CHIEF OF STAFF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: SA11AI.7892

Amount of Each Receipt this Period
700.00

SUBTOTAL of Receipts This Page (optional) ► **2050.00**

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 11 / 19
(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 Minopoli

Mailing Address 1171 Lucy Dr.
PO Box 136

City State Zip Code
Skippack PA 19474

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

Name of Employer Occupation
JM & MM Pizza Corp. Restaurant Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2008

Transaction ID: SA11AI.7878

Amount of Each Receipt this Period
550.00

B.

Full Name (Last, First, Middle Initial)
RAYMOND A. PESCATORE

Mailing Address 116 RENAISSANCE DR

City State Zip Code
CHERRY HILL NJ 08033

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

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: SA11AI.7850

Amount of Each Receipt this Period
1400.00

C.

Full Name (Last, First, Middle Initial)
MICHELLE ROMANO

Mailing Address 42 MONICA DRIVE

City State Zip Code
HOLLAND PA 18966

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

Name of Employer Occupation
REMAX PREMIER REALTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2008

Transaction ID: SA11AI.7864

Amount of Each Receipt this Period
350.00

SUBTOTAL of Receipts This Page (optional) ► **2300.00**

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 12 / 19
	<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	

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

A.	Full Name (Last, First, Middle Initial) MICHELLE ROMANO		Date of Receipt																					
	Mailing Address 42 MONICA DRIVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		1	4		2	0	0	8														
	City State Zip Code HOLLAND PA 18966		Transaction ID: SA11AI.7877																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Occupation REMAX PREMIER REALTOR		Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 700.00																						

B.	Full Name (Last, First, Middle Initial) Gina F. Rubel		Date of Receipt																					
	Mailing Address 2 Hidden Lane		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	1		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	1		2	0	0	8														
	City State Zip Code Doylestown PA 18901		Transaction ID: SA11AI.7889																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Occupation Furia Rubel Public Relations		Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 350.00																						

C.	Full Name (Last, First, Middle Initial) JOANN VENUTO		Date of Receipt																					
	Mailing Address 504 KINGS DRIVE		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		1	4		2	0	0	8														
	City State Zip Code CHERRY HILL NJ 08003		Transaction ID: SA11AI.7859																					
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period																						
Name of Employer Occupation INFORMATION REQUESTED INFORMATION REQUESTED		Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 375.00																						

SUBTOTAL of Receipts This Page (optional)	▶	1075.00
TOTAL This Period (last page this line number only)	▶	12835.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 19
(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)
Cement Masons Local #592 PAC

Mailing Address 2511 Snyder Avenue

City Philadelphia State PA Zip Code 19145

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 14 / 2008
Transaction ID: SA11C.7857
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Friends of Mario Civera

Mailing Address PO Box 682

City Pilgrim Gardens State PA Zip Code 19026

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 02 / 08 / 2008
Transaction ID: SA11C.7848
Amount of Each Receipt this Period: 375.00

C. Full Name (Last, First, Middle Initial)
PENNONI ASSOCIATES PAC

Mailing Address ONE DREXEL PLAZA
3001 MARKET ST

City PHILADELPHIA State PA Zip Code 19104

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 02 / 14 / 2008
Transaction ID: SA11C.7861
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ► 1225.00

TOTAL This Period (last page this line number only) ► 1225.00

**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

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. Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK Mailing Address 1835 MARKET ST City PHILADELPHIA State PA Zip Code 19103 Purpose of Disbursement Merchant Credit Card Fees Candidate Name	Transaction ID: SB21B.7830 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 100.00
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) ▼	Category/Type

B. Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK Mailing Address 1835 MARKET ST City PHILADELPHIA State PA Zip Code 19103 Purpose of Disbursement Merchant Credit Card Fees Candidate Name	Transaction ID: SB21B.7834 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period 138.68
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) ▼	Category/Type

C. Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK Mailing Address 1835 MARKET ST City PHILADELPHIA State PA Zip Code 19103 Purpose of Disbursement Merchant Credit Card Fees Candidate Name	Transaction ID: SB21B.7832 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 34.95
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) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	273.63
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)

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<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 Mailing Address 1835 MARKET ST City PHILADELPHIA State PA Zip Code 19103 Purpose of Disbursement Merchant Credit Card Fees 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) ▼	Transaction ID: SB21B.7835 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 8.09 Category/Type

B. Full Name (Last, First, Middle Initial) Barna Advisory Services, PC Mailing Address 270 S. Woodmont Dr. City Downingtown State PA Zip Code 19335 Purpose of Disbursement Accounting Fees 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) ▼	Transaction ID: SB21B.7838 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 0 8
	Amount of Each Disbursement this Period 5800.00 Category/Type

C. Full Name (Last, First, Middle Initial) CORPORATE EXPRESS IMAGING Mailing Address PO BOX 95230 City CHICAGO State IL Zip Code 60694 Purpose of Disbursement PAC Printing & Reproduction 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) ▼	Transaction ID: SB21B.7836 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 8
	Amount of Each Disbursement this Period 503.40 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	6311.49
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<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)
ITALIAN AMERICAN CHAMBER OF COMMERCE

Mailing Address 794 PENLLYN PIKE

City BLUE BELL State PA Zip Code 19422

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7825

Date of Disbursement

01 / 02 / 2008

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
LA COLLINA

Mailing Address 37-41 ASHLAND AVE.

City BELMONT HILLS State PA Zip Code 19004

Purpose of Disbursement
Board Meeting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7828

Date of Disbursement

01 / 14 / 2008

Amount of Each Disbursement this Period

708.90

C. Full Name (Last, First, Middle Initial)
PRIESTLY PRINTERS

Mailing Address 233-45 N. JUNIPER ST

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement
PAC Printing & Reproduction

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7833

Date of Disbursement

01 / 15 / 2008

Amount of Each Disbursement this Period

668.75

SUBTOTAL of Disbursements This Page (optional) ►

1877.65

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 17 / 19

<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) UTA ASSOCIATES	Transaction ID: SB21B.7826
	Mailing Address 1205 LOCUST ST SUITE 100	Date of Disbursement 01 / 02 / 2008
	City PHILADELPHIA State PA Zip Code 19107	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Compensation for Fundraising Svcs	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) UTA ASSOCIATES	Transaction ID: SB21B.7827
	Mailing Address 1205 LOCUST ST SUITE 100	Date of Disbursement 01 / 03 / 2008
	City PHILADELPHIA State PA Zip Code 19107	Amount of Each Disbursement this Period 1303.28
	Purpose of Disbursement Compensation for Fundraising Svcs	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)	3803.28
TOTAL This Period (last page this line number only)	12266.05

SCHEDULE C (FEC Form 3X)

LOANS

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

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: M M 03 D D 17 Y Y Y Y 2001
Date Due: _____ Interest Rate: _____ % (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:

- Primary
- General
- Other (specify) ▼

Mailing Address 555 E. CITY LINA AVE.

City BALA CYNWYD State PA ZIP Code 19004

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

TERMS

Date Incurred: M M 06 D D 15 Y Y Y Y 2001
 Date Due: _____ Interest Rate: _____ % (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)	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.