

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
National Italian American Political Action Committee

ADDRESS (number and street) 1205 Locust Street
Suite 100
 Check if different than previously reported. (ACC)
Philadelphia PA 19107

2. **FEC IDENTIFICATION NUMBER** C00355388
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2006 through 09 30 2006

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

Type or Print Name of Treasurer JOSEPH A. AUTERI

Signature of Treasurer Electronically Filed by JOSEPH A. AUTERI Date 10 15 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		42633.40
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	54370.01									
(c) Total Receipts (from Line 19)	1453.59	78114.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55823.60	120747.86								
7. Total Disbursements (from Line 31)	7272.24	72196.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48551.36	48551.36								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	650.00	60153.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	700.00	7900.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	1350.00	68053.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	9900.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	1350.00	77953.00
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.)	103.59	161.46
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))	1453.59	78114.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1453.59	78114.46

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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.....	6272.24	70196.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	6272.24	70196.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
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	1000.00
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))..	7272.24	72196.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	7272.24	72196.50

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)	1350.00	77953.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1350.00	77953.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6272.24	70196.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6272.24	70196.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 18
	(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

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

Full Name (Last, First, Middle Initial) A. BARBARA AUGUSTINE		Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2006	
Mailing Address PO BOX 347		Transaction ID: SA11A1.6998	
City SKIPPACK	State PA	Zip Code 19474	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Golf Outing Productions	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3650.00		

Full Name (Last, First, Middle Initial) B. SANDRA PALERMO		Date of Receipt M M / D D / Y Y Y Y 09 / 20 / 2006	
Mailing Address 1443 REVELATION RD.		Transaction ID: SA11A1.7003	
City MEADOWBROOK	State PA	Zip Code 19046	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer MULLER, INC.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3045.00		

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

**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. JOSEPH A. AUTERI		Transaction ID: SB21B.6987	
Mailing Address 2515 GARRETT ROAD		Date of Disbursement MM / DD / YYYY 09 / 14 / 2006	
City DREXEL HILL	State PA	Zip Code 19026	Amount of Each Disbursement this Period 75.00
Purpose of Disbursement Expense Reimbursement-Meals		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. JOSEPH A. AUTERI		Transaction ID: SB21B.6988	
Mailing Address 2515 GARRETT ROAD		Date of Disbursement MM / DD / YYYY 09 / 14 / 2006	
City DREXEL HILL	State PA	Zip Code 19026	Amount of Each Disbursement this Period 263.50
Purpose of Disbursement Expense Reimbursement-Travel		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. JOSEPH A. AUTERI		Transaction ID: SB21B.6995	
Mailing Address 2515 GARRETT ROAD		Date of Disbursement MM / DD / YYYY 09 / 19 / 2006	
City DREXEL HILL	State PA	Zip Code 19026	Amount of Each Disbursement this Period 100.80
Purpose of Disbursement Expense Reimbursement-Meals		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	439.30
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)

<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. BANKCARD/FIRST PENN BANK		Transaction ID: SB21B.6958
Mailing Address 1835 MARKET ST		Date of Disbursement MM / DD / YYYY 07 / 03 / 2006
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period 25.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) B. BANKCARD/FIRST PENN BANK		Transaction ID: SB21B.6960
Mailing Address 1835 MARKET ST		Date of Disbursement MM / DD / YYYY 07 / 05 / 2006
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period 97.98
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

Full Name (Last, First, Middle Initial) C. BANKCARD/FIRST PENN BANK		Transaction ID: SB21B.6962
Mailing Address 1835 MARKET ST		Date of Disbursement MM / DD / YYYY 07 / 11 / 2006
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period 34.95
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	157.93
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)

<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. BANKCARD/FIRST PENN BANK		Transaction ID: SB21B.6966 Date of Disbursement																					
Mailing Address 1835 MARKET ST		<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>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	6														
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	25.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. BANKCARD/FIRST PENN BANK		Transaction ID: SB21B.6967 Date of Disbursement																					
Mailing Address 1835 MARKET ST		<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>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	2		2	0	0	6														
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	100.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. BANKCARD/FIRST PENN BANK		Transaction ID: SB21B.6969 Date of Disbursement																					
Mailing Address 1835 MARKET ST		<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>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	0		2	0	0	6														
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	34.95																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	159.95
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

Full Name (Last, First, Middle Initial) A. BANKCARD/FIRST PENN BANK		Transaction ID: SB21B.6974	
Mailing Address 1835 MARKET ST		Date of Disbursement 09 / 05 / 2006	
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period 25.00
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. BANKCARD/FIRST PENN BANK		Transaction ID: SB21B.6975	
Mailing Address 1835 MARKET ST		Date of Disbursement 09 / 05 / 2006	
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period 100.52
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. BANKCARD/FIRST PENN BANK		Transaction ID: SB21B.6977	
Mailing Address 1835 MARKET ST		Date of Disbursement 09 / 12 / 2006	
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period 34.95
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	160.47
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

Full Name (Last, First, Middle Initial) A. BANKCARD/FIRST PENN BANK		Transaction ID: SB21B.7014	
Mailing Address 1835 MARKET ST		Date of Disbursement 09 / 20 / 2006	
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period 7.53
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. CHRISTO CONSULTING		Transaction ID: SB21B.6978	
Mailing Address 292 Main St. Suite 331		Date of Disbursement 09 / 14 / 2006	
City Harleysville	State PA	Zip Code 19438	Amount of Each Disbursement this Period 292.50
Purpose of Disbursement Website Design & Maintenance		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Discover Card		Transaction ID: SB21B.6959	
Mailing Address 2500 Lake Cook Rd.		Date of Disbursement 07 / 05 / 2006	
City Riverwood	State IL	Zip Code 60015	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	315.03
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

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.6965																					
A. Discover Card		Date of Disbursement																					
Mailing Address 2500 Lake Cook Rd.		<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>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		0	1		2	0	0	6														
City Riverwood	State IL	Zip Code 60015	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	15.00																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.6970																					
B. Discover Card		Date of Disbursement																					
Mailing Address 2500 Lake Cook Rd.		<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>8</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		2	8		2	0	0	6														
City Riverwood	State IL	Zip Code 60015	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	0.26																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial)		Transaction ID: SB21B.6973																					
C. Discover Card		Date of Disbursement																					
Mailing Address 2500 Lake Cook Rd.		<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>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	5		2	0	0	6														
City Riverwood	State IL	Zip Code 60015	Amount of Each Disbursement this Period																				
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	15.00																				
Candidate Name																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	▶	30.26
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

Full Name (Last, First, Middle Initial) A. Eastern Produce Council		Transaction ID: SB21B.6996
Mailing Address PO Box 514		Date of Disbursement MM / DD / YYYY 09 / 21 / 2006
City Short Hills	State NJ	Zip Code 07078
Purpose of Disbursement PAC Advertising	Amount of Each Disbursement this Period 250.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Philadelphia Public Record		Transaction ID: SB21B.6979
Mailing Address 1330 W. Ritner St.		Date of Disbursement MM / DD / YYYY 09 / 14 / 2006
City Philadelphia	State PA	Zip Code 19148
Purpose of Disbursement PAC Advertising	Amount of Each Disbursement this Period 200.00	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. UTA ASSOCIATES		Transaction ID: SB21B.6980
Mailing Address 1205 LOCUST ST SUITE 100		Date of Disbursement MM / DD / YYYY 09 / 14 / 2006
City PHILADELPHIA	State PA	Zip Code 19107
Purpose of Disbursement Exp. Reimb.-Phone, Postage, Travel	Amount of Each Disbursement this Period 203.38	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	653.38
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

Full Name (Last, First, Middle Initial) A. Verizon		Transaction ID: SB21B.6980.0 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 17577		Amount of Each Disbursement this Period 120.25 [MEMO ITEM]
City Baltimore State MD Zip Code 21297		
Purpose of Disbursement Telephone Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. UTA ASSOCIATES		Transaction ID: SB21B.6985 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 1205 LOCUST ST SUITE 100		Amount of Each Disbursement this Period 1250.00
City PHILADELPHIA State PA Zip Code 19107		
Purpose of Disbursement Retainer for Fundraising Svcs. Candidate Name	Category/Type	
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) ▼	

Full Name (Last, First, Middle Initial) C. UTA ASSOCIATES		Transaction ID: SB21B.6986 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 1205 LOCUST ST SUITE 100		Amount of Each Disbursement this Period 1250.00
City PHILADELPHIA State PA Zip Code 19107		
Purpose of Disbursement Retainer for Fundraising Svcs. Candidate Name	Category/Type	
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) ▶	2500.00
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

Full Name (Last, First, Middle Initial) A. UTA ASSOCIATES		Transaction ID: SB21B.6989 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 1205 LOCUST ST SUITE 100		Amount of Each Disbursement this Period 462.64
City PHILADELPHIA State PA Zip Code 19107		
Purpose of Disbursement Exp. Reimb-Phone, Supplies, Meals, Trave Candidate Name		Category/ Type
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) ▼	

Full Name (Last, First, Middle Initial) B. Verizon		Transaction ID: SB21B.6989.0 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address PO Box 17577		Amount of Each Disbursement this Period 74.19
City Baltimore State MD Zip Code 21297		
Purpose of Disbursement Telephone Candidate Name		Category/ Type
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) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. UTA ASSOCIATES		Transaction ID: SB21B.6994 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6
Mailing Address 1205 LOCUST ST SUITE 100		Amount of Each Disbursement this Period 1250.00
City PHILADELPHIA State PA Zip Code 19107		
Purpose of Disbursement Retainer for Fundraising Svcs. Candidate Name		Category/ Type
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) ▶	1712.64
TOTAL This Period (last page this line number only) ▶	6128.96

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. BOB BRADY FOR CONGRESS

Transaction ID: SB23.6968

Date of Disbursement

Mailing Address 1827 South Broad Street

^M <input type="text" value="0"/>	^M <input type="text" value="8"/>	/	^D <input type="text" value="0"/>	^D <input type="text" value="7"/>	/	^Y <input type="text" value="2"/>	^Y <input type="text" value="0"/>	^Y <input type="text" value="0"/>	^Y <input type="text" value="6"/>
---	---	---	---	---	---	---	---	---	---

City PHILADELPHIA State PA Zip Code 19148

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution-General

--

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 01

Disbursement For: 2006
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

1000.00

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 17 / 18 FOR LINE 13 OF FORM 3X
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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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 555 E. CITY LINA AVE.	
City BALA CYNWYD State PA ZIP Code 19004	

Original Amount of Loan <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">7500.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">7500.00</div>
---	---	---

TERMS

Date Incurred MM DD YYYY <div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">06 15 2001</div>	Date Due <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Interest Rate <div style="border: 1px solid black; width: 100%; height: 20px;"></div> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SUBTOTALS This Period This Page (optional)	<div style="border: 1px solid black; width: 100%; height: 20px; text-align: center;">7500.00</div>
TOTALS This Period (last page in this line only)	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 18 / 18 FOR LINE 13 OF FORM 3X
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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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 555 City Line Ave, Suite 770	
City Bala Cynwyd State PA ZIP Code 19004	

Original Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: center;">2500.00</div>	Cumulative Payment To Date <div style="border: 1px solid black; padding: 2px; text-align: center;">0.00</div>	Balance Outstanding at Close of This Period <div style="border: 1px solid black; padding: 2px; text-align: center;">2500.00</div>
--	--	--

TERMS

Date Incurred <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 03</div> <div style="border: 1px solid black; padding: 2px;">D D 17</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2001</div> </div>	Date Due <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Interest Rate <div style="border: 1px solid black; width: 100%; height: 20px;"></div> % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

SUBTOTALS This Period This Page (optional)	<div style="border: 1px solid black; padding: 2px; text-align: center;">2500.00</div>
TOTALS This Period (last page in this line only)	<div style="border: 1px solid black; padding: 2px; text-align: center;">10000.00</div>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	