

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 04 01 2007 through 06 30 2007

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 07 15 2007

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**

Write or Type Committee Name
National Italian American Political Action Committee

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		45801.03
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	56811.89									
(c) Total Receipts (from Line 19)	8132.34	100614.94								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	64944.23	146415.97								
7. Total Disbursements (from Line 31)	25032.33	106504.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39911.90	39911.90								
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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	7261.00	85698.60
(i) Itemized (use Schedule A)	300.00	8820.00
(ii) Unitemized	7561.00	94518.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	500.00	6025.00
(c) Other Political Committees (such as PACs)	8061.00	100543.60
(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.)	71.34	71.34
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))	8132.34	100614.94
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8132.34	100614.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	11982.33	81854.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	11982.33	81854.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	8000.00
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	300.00	725.00
(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))	300.00	725.00
29. Other Disbursements.....	12750.00	15925.00
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))..	25032.33	106504.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	25032.33	106504.07

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)	8061.00	100543.60
34. Total Contribution Refunds (from Line 28(d))	300.00	725.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7761.00	99818.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	11982.33	81854.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11982.33	81854.07

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 20
	<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)
Margaret M. Angeloni

Mailing Address 745 Center Ave.

City State Zip Code
Jenkintown PA 19046

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

Name of Employer Occupation
None Homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
503.50

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 05 / 2007

Transaction ID: SA11A1.7617

Amount of Each Receipt this Period
503.50

B. Full Name (Last, First, Middle Initial)
BARBARA AUGUSTINE

Mailing Address PO BOX 347

City State Zip Code
SKIPPAK PA 19474

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

Name of Employer Occupation
Golf Outing Productions Owner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 13 / 2007

Transaction ID: SA11A1.7618

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
JOSEPH A. AUTERI

Mailing Address 555 E. CITY LINE AVE.

City State Zip Code
BALA CYNWYD PA 19004

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

Name of Employer Occupation
BERARDI & ASSOC. FINANCIAL ADVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2307.50

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 09 / 2007

Transaction ID: SA11A1.7619

Amount of Each Receipt this Period
2307.50

SUBTOTAL of Receipts This Page (optional)	▶	4311.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 20
	<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

Full Name (Last, First, Middle Initial) A. LOUIS A. IATAROLA		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2007	
Mailing Address 6940 HAGERMAN ST.		Transaction ID: SA11A1.7622	
City PHILADELPHIA	State PA	Zip Code 19135	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer REALTY APPRAISAL GROUP, LTD.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. MATTHEW MALOZI		Date of Receipt M M / D D / Y Y Y Y 04 / 13 / 2007	
Mailing Address 529 S. 46TH STREET		Transaction ID: SA11A1.7623	
City PHILADELPHIA	State PA	Zip Code 19143	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer TRAFFIC PLANNING & DESIGN	Occupation ENGINEER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Saul Ewing, LLP		Date of Receipt M M / D D / Y Y Y Y 04 / 05 / 2007	
Mailing Address 1500 Market St. 38th Floor, Centre Square West		Transaction ID: SA11A1.7628	
City Philadelphia	State PA	Zip Code 19102	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation Gabriel L.I. Bevilacqua		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 20
	<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)
GABRIEL BEVILACQUA

Mailing Address 1000 SUSAN RD.

City State Zip Code
PHILADELPHIA PA 19115

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

Name of Employer Occupation
SAUL EWING, LLP ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: SA11A1.7628.0

Amount of Each Receipt this Period
250.00

ATTRIB FROM SAUL EWING LLP

[MEMO ITEM]

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

Mailing Address 26 GLEN DR.

City State Zip Code
DOYLESTOWN PA 18901

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: SA11A1.7629

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
JAMES TALIAFERRO

Mailing Address THORN LANE

City State Zip Code
LOCUST VALLEY NY 11560

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

Name of Employer Occupation
Security Asset Management President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 1 / 2 0 0 7

Transaction ID: SA11A1.7631

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 20
	(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

Full Name (Last, First, Middle Initial) A. JAMES TALIAFERRO		Date of Receipt MM / DD / YYYY 04 / 13 / 2007
Mailing Address THORN LANE		Transaction ID: SA11A1.7630
City LOCUST VALLEY	State NY	Zip Code 11560
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00	
Name of Employer Security Asset Management	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Joseph Tarantino		Date of Receipt MM / DD / YYYY 04 / 05 / 2007
Mailing Address 700 W. Germantown Pike		Transaction ID: SA11A1.7632
City East Norriton	State PA	Zip Code 19403
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 700.00	
Name of Employer Continental Realty	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1450.00
TOTAL This Period (last page this line number only)	▶	7261.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 20
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" 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)
Day & Zimmerman, Inc. Federal PAC

Mailing Address 1818 Market St.
22nd Floor

City Philadelphia State PA Zip Code 19103-3638

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
MM / DD / YYYY
04 / 13 / 2007

Transaction ID: SA11C.7621

Amount of Each Receipt this Period
500.00

Joseph A. LaSala & John C. DiMarco

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

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. BANKCARD/CONESTOGA BANK		Transaction ID: SB21B.7583 Date of Disbursement
Mailing Address 1835 MARKET ST		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement MERCHANT CREDIT CARD FEES		Amount of Each Disbursement this Period <input type="text" value="25.00"/>
Candidate Name		Category/ Type <input type="text"/>
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/CONESTOGA BANK		Transaction ID: SB21B.7584 Date of Disbursement
Mailing Address 1835 MARKET ST		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement MERCHANT CREDIT CARD FEES		Amount of Each Disbursement this Period <input type="text" value="115.00"/>
Candidate Name		Category/ Type <input type="text"/>
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/CONESTOGA BANK		Transaction ID: SB21B.7590 Date of Disbursement
Mailing Address 1835 MARKET ST		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement MERCHANT CREDIT CARD FEES		Amount of Each Disbursement this Period <input type="text" value="34.95"/>
Candidate Name		Category/ Type <input type="text"/>
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)	<input type="text" value="174.95"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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/CONESTOGA BANK		Transaction ID: SB21B.7592
Mailing Address 1835 MARKET ST		Date of Disbursement MM / DD / YYYY 04 / 13 / 2007
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement MERCHANT CREDIT CARD FEES		Amount of Each Disbursement this Period 11.51
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/CONESTOGA BANK		Transaction ID: SB21B.7601
Mailing Address 1835 MARKET ST		Date of Disbursement MM / DD / YYYY 05 / 02 / 2007
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement MERCHANT CREDIT CARD FEES		Amount of Each Disbursement this Period 129.73
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/CONESTOGA BANK		Transaction ID: SB21B.7604
Mailing Address 1835 MARKET ST		Date of Disbursement MM / DD / YYYY 05 / 04 / 2007
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement MERCHANT CREDIT CARD FEES		Amount of Each Disbursement this Period 68.07
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)	209.31
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 13 / 20

<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/CONESTOGA BANK		Transaction ID: SB21B.7605 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>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	1		2	0	0	7														
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement MERCHANT CREDIT CARD FEES		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:																							

Full Name (Last, First, Middle Initial) B. BANKCARD/CONESTOGA BANK		Transaction ID: SB21B.7613 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>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	4		2	0	0	7														
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement MERCHANT CREDIT CARD FEES		Category/ Type	140.00																				
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/CONESTOGA BANK		Transaction ID: SB21B.7614 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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	1		2	0	0	7														
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement MERCHANT CREDIT CARD FEES		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)	▶	209.90
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. CHRISTO CONSULTING		Transaction ID: SB21B.7609 Date of Disbursement
Mailing Address 292 Main St. Suite 331		<input type="text" value="05"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City Harleysville	State PA	Zip Code 19438
Purpose of Disbursement WEBSITE DESIGN & MAINTENANCE	<input type="text" value="312.45"/>	
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. LA COLLINA		Transaction ID: SB21B.7588 Date of Disbursement
Mailing Address 37-41 ASHLAND AVE.		<input type="text" value="04"/> <input type="text" value="09"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City BELMONT HILLS	State PA	Zip Code 19004
Purpose of Disbursement MEETING EXPENSES	<input type="text" value="412.00"/>	
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. KEVIN ROSENBERRY		Transaction ID: SB21B.7610 Date of Disbursement
Mailing Address 44 E 5TH ST		<input type="text" value="05"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="07"/>
City POTTSTOWN	State PA	Zip Code 19464
Purpose of Disbursement PAC FUNDRAISING EVENT COSTS - ENTERTAINM	<input type="text" value="325.00"/>	
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:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1049.45"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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.7587 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address 1205 LOCUST ST SUITE 100		Amount of Each Disbursement this Period <input type="text" value="5140.54"/>
City PHILADELPHIA	State PA Zip Code 19107	
Purpose of Disbursement COMPENSATION FOR FUNDRAISING SVCS		<input type="text" value=""/>
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. UTA ASSOCIATES		Transaction ID: SB21B.7611 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 1205 LOCUST ST SUITE 100		Amount of Each Disbursement this Period <input type="text" value="1250.00"/>
City PHILADELPHIA	State PA Zip Code 19107	
Purpose of Disbursement COMPENSATION FOR FUNDRAISING SVCS		<input type="text" value=""/>
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. UTA ASSOCIATES		Transaction ID: SB21B.7615 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 7
Mailing Address 1205 LOCUST ST SUITE 100		Amount of Each Disbursement this Period <input type="text" value="3750.00"/>
City PHILADELPHIA	State PA Zip Code 19107	
Purpose of Disbursement COMPENSATION FOR FUNDRAISING SVCS		<input type="text" value=""/>
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)	<input type="text" value="10140.54"/>
TOTAL This Period (last page this line number only)	<input type="text" value="11784.15"/>

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Joe Hand Promotions, Inc.

Mailing Address 407 E. Pennsylvania Blvd.

City Feasterville State PA Zip Code 19053

Purpose of Disbursement
Refund Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB28A.7589

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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 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 checked="" 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. FRIENDS OF BOB BRADY		Transaction ID: SB29.7596 Date of Disbursement
Mailing Address 2000 MARKET STREET 5TH FLOOR		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="8000.00"/>	
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. Fumo for Senate		Transaction ID: SB29.7603 Date of Disbursement
Mailing Address 1208 Tasker Street, 2nd Floor		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
City Philadelphia	State PA	Zip Code 19148
Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="text" value="3000.00"/>	
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. MEDITERRANEN BANQUENT HALL		Transaction ID: SB29.7607 Date of Disbursement
Mailing Address 2033 S. BANCROFT STREET		<input type="text" value="05"/> / <input type="text" value="16"/> / <input type="text" value="2007"/>
City PHILADELPHIA	State PA	Zip Code 19145
Purpose of Disbursement INKIND-FUNDRAISING EVENT COSTS	<input type="text" value="750.00"/>	
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:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11750.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 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 checked="" 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. FRIENDS OF BOB BRADY		Transaction ID: SB29.7607.0 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 6 / 2 0 0 7
Mailing Address 2000 MARKET STREET 5TH FLOOR		Amount of Each Disbursement this Period 750.00
City PHILADELPHIA State PA Zip Code 19103	[MEMO ITEM]	
Purpose of Disbursement INKIND-FUNDRAISING EVENT COSTS		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) ▼

Full Name (Last, First, Middle Initial) B. PANEPINTO FOR SUPREME COURT		Transaction ID: SB29.7585 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 9 / 2 0 0 7
Mailing Address 437 N 67TH STREET		Amount of Each Disbursement this Period 500.00
City PHILADELPHIA State PA Zip Code 19151	Category/ Type	
Purpose of Disbursement CAMPAIGN CONTRIBUTION		
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) ▼

Full Name (Last, First, Middle Initial) C. PANEPINTO FOR SUPREME COURT		Transaction ID: SB29.7606 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address 437 N 67TH STREET		Amount of Each Disbursement this Period 500.00
City PHILADELPHIA State PA Zip Code 19151	Category/ Type	
Purpose of Disbursement CAMPAIGN CONTRIBUTION		
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) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	12750.00

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/10.4284

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: MM 06 DD 15 YY 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)	

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

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

Date Due

Interest Rate

Secured:

M M
0 3

D D
1 7

Y Y Y Y
2 0 0 1

% (apr)

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: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional)	2500.00
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.