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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Italian American Political Action Committee 1205 Locust Street ADDRESS (number and street) Suite 100 Check if different than previously Philadelphia PA 19107 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00355388 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2007 06 30 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. JOSEPH A. AUTERI Type or Print Name of Treasurer Electronically Filed by JOSEPH A. AUTERI 12 17 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

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 [®] D [®] D 0 4 0 1 2007 0.6 3 0 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 45801.03 [°]2007 January 1 (b) Cash on Hand at 56811.89 Begining of Reporting Period 8132.34 100614.94 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 64944.23 146415.97 6(a) and 6(c) for Column B) 25032.33 106504.07 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 39911.90 39911.90 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 10000.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

National Italian American Political Action Committee

Report Covering the Period:

From:

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2007

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^Y 2007

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Co	ontributions (other than loans) From:		
(a			
	Than Political Committees	7261.00	85698.60
	(i) Itemized (use Schedule A)		
	(ii) Unitemized	300.00	8820.00
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	7561.00	94518.60
(b) Political Party Committees	0.00	0.00
(C			
(-	(such as PACs)	500.00	6025.00
(d	. `		
	11(a)(iii),(b) and (c)) (Carry	8061.00	100543.60
	Totals to Line 33, page 5)	8001.00	100343.60
2. Tr	ransfers From Affiliated/Other		
	arty Committees	0.00	0.00
		0.00	0.00
3. Al	Loans Received	0.00	0.00
4 16	pan Repayments Received	0.00	0.00
	ffsets To Operating Expenditures		
(F	Refunds, Rebates, etc.)	0.00	0.00
	Carry Totals to Line 37, page 5)	0.00	0.00
	efunds of Contributions Made		
	Federal candidates and Other Ditical Committees	0.00	0.00
	ther Federal Receipts Dividends, Interest, etc.)	71.34	71.34
,	,		
-	ransfers from Non-Federal and Levin Funds		
(8	a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(Holli Schedule H3)		
(Ł	b) Levin Funds (from Schedule H5)	0.00	0.0
,			
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9 T	otal Receipts (add Lines 11(d),		
	2, 13, 14, 15, 16, 17, and 18(c))	8132.34	100614.9
	otal Federal Receipts	8132.34	100614.9
(s	ubtract Line 18(c) from Line 19)	0132.34	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
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	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
•	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees		
	and Other Political Committees	0.00	8000.00
	(use Schedule E)	0.00	0.00
	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
	(use Schedule F)		
	Loan Repayments Made	0.00	0.00
	Loans Made Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	300.00	725.00
	(b) Political Party Committees	0.00	0.00
	(b) Political Party Committees (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
	(add Lines 20(a), (b), and (c))		
).	Other Disbursements	12750.00	15925.00
	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	25032.33	106504.07
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	25222.22	10050105
	from Line 31)	25032.33	106504.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8061.00	100543.60
34. Total Contribution Refunds (from Line 28(d))	300.00	725.00
5. 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)				FOR LINE NUMBER: PAGE 6 / 21						
			Use separate schedule(s) or each category of the	(check only one)						
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12						
			_ common common , coge	13 14 15 16 17						
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions						
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
	National Italian American Political Actio	n Committe	ee							
Α.	Full Name (Last, First, Middle Initial) Margaret M. Angeloni			Date of Receipt						
,	Mailing Address 745 Center Ave.			M M / D D / Y Y Y Y						
	City	State	Zip Code	04 05 2007						
	<u>Jenkintown</u>	PA	19046	Transaction ID: SA11A1.7617						
		FA	19040	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		503.50						
	Name of Employer None	Occupation Homema		7						
	Receipt For:		Year-to-Date V							
	Primary General	Aggregate	real to Bate V	1						
	Other (specify)		503.50							
			0 0 0 0 0 0 0							
В.	Full Name (Last, First, Middle Initial) BARBARA AUGUSTINE			Date of Receipt						
	Mailing Address PO BOX 347			M M / D D / Y Y Y Y						
				04 13 2007						
	City	State	Zip Code	Transaction ID: SA11A1.7618						
	SKIPPACK	PA	19474	Amount of Each Receipt this Period						
	FEC ID number of contributing	C		1500.00						
	federal political committee.	<u> </u>		1000.00						
	Name of Employer	Occupation	<u> </u>	_						
	Golf Outing Productions	Owner								
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		5000.00	1						
	Other (specify) ▼		5000.00							
_	Full Name (Last, First, Middle Initial)									
C.	JOSEPH A. AUTERI			Date of Receipt						
	Mailing Address 555 E. CITY LINE AVE.			04 09 2007						
	City	State	Zip Code	Transaction ID: SA11A1.7619						
	BALA CYNWYD	PA	19004	Amount of Each Receipt this Period						
	FEC ID number of contributing			2307.50						
	federal political committee.	C		2507.55						
	Name of Employer BERARDI & ASSOC.	Occupation FINANCI.	1 AL ADVISOR							
	Receipt For:		Year-to-Date ▼							
	Primary General			1						
	Other (specify)	L	2307.50							
			•							
				4044.00						
s	UBTOTAL of Receipts This Page (optional)			4311.00						
\vdash			·							

TOTAL This Period (last page this line number only)

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	EMIZED RECEIPTS		or each category of the	(check only one)						
••	LIMIZED REGEN 13		Detailed Summary Page	X 11a 11b 11c 12						
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or	ly information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full)									
$ \rangle$	National Italian American Political Action	n Committe	ee							
	Full Name (Last, First, Middle Initial)									
A.	LOUIS A. IATAROLA			Date of Receipt						
	Mailing Address 6940 HAGERMAN ST.			04 13 2007						
	City	State	Zip Code	Transaction ID: SA11A1.7622						
	PHILADELPHIA	PA	19135	Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	C		250.00						
	. .= .			_						
	Name of Employer REALTY APPRAISAL GROUP,	Occupation EXECUT								
	LTD. Receipt For:		Year-to-Date ▼	-						
	Primary General	Aggregate	Teal to Bate ¥							
	Other (specify) ▼	l	250.00							
	Full Name (Last, First, Middle Initial)									
В.	MATTHEW MALOZI			Date of Receipt						
	Mailing Address 529 S. 46TH STREET			04 13 2007						
	City	State	Zip Code	Transaction ID: SA11A1.7623						
	PHILADELPHIA	PA	19143	Amount of Each Receipt this Period						
	FEC ID number of contributing									
	federal political committee.	C		250.00						
	Name of Employer	Ossunation	•	4						
	Name of Employer TRAFFIC PLANNING & DESIGN	Occupation ENGINEI								
	Receipt For:	ļ	e Year-to-Date ▼	-						
	Primary General	199.19								
	Other (specify) ▼	1	250.00							
_										
_	Full Name (Last, First, Middle Initial)			Date of Possint						
C.	Saul Ewing, LLP Mailing Address 1500 Market St.			Date of Receipt						
	38th Floor, Centre Squa	re West		04 05 2007						
	City	State	Zip Code	Transaction ID: SA11A1.7628						
	Philadelphia	PA	19102	Amount of Each Receipt this Period						
	FEC ID number of contributing			250.00						
	federal political committee.	C		250.00						
	Name of Employer	Occupation	 n	Gabriel L.I. Bevilacqua						
	. F M									
	Receipt For:	Aggregate	e Year-to-Date ▼	1						
	Primary General		250.00							
	Other (specify) ▼		250.00							
_										
_	IIDTOTAL of Dogainte This David (1981)			750.00						
L	UBTOTAL of Receipts This Page (optional)		<u> </u>							
_	OTAL This Period (last page this line number or	nlv)								
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 21 (check only one)							
ITEMIZED RECEIPTS			or each category of the Detailed Summary Page	X 11a 11b 11c 12							
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\	DMMITTEE (In Full) Ilian American Political Actio	n Committe	ee								
Full Name (La A. GABRIEL BEV	ast, First, Middle Initial) /ILACQUA			Date of	Receipt						
Mailing Addre	ess 1000 SUSAN RD.			м м 0 4	0.5		2 0 0 7				
City	DLIIA	State	Zip Code		ction ID: S						
PHILADELI FEC ID numb federal politica	per of contributing	PA C	19115		t of Each R		250.0				
Name of Emp	oloyer G, LLP	Occupation ATTORN		ATTRIE	3 FROM S	SAUL EWI	NG LI	LP			
Receipt For: Primary Other (s	General	Aggregate	Year-to-Date ▼ 250.00	[MEMC	ITEM]						
Full Name (La	ast, First, Middle Initial) NDONE			Date of	Receipt						
Mailing Addre	ess 26 GLEN DR.	0 4									
City DOYLESTO	ZWN	State PA	Zip Code	Transaction ID: SA11A1.7629 Amount of Each Receipt this Period							
•	per of contributing	C	18901	Amoun	T OF EACH R		250.0	0			
Name of Emp SELF-EMPLO	oloyer OYED	Occupation ATTORN									
Receipt For: Primary Other (s	General]									
Full Name (La	ast, First, Middle Initial) FERRO			Date of	Receipt						
Mailing Addre	ess THORN LANE			м м 0 4	/ D D		, 2 0 0 7				
City LOCUST V	ALLEY	State NY	Zip Code 11560		ction ID: S						
FEC ID numb federal politica	per of contributing al committee.	C					500.0	0			
Name of Emp Security Asse	oloyer et Management	Occupation President									
Receipt For: Primary Other (s	General	Aggregate	Year-to-Date ▼ 500.00								
SUBTOTAL of	Receipts This Page (optional)						750.0	0			
				-							

TOTAL This Period (last page this line number only)

Primary

Other (specify)

General

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

PAGE 9/21 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 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) JAMES TALIAFERRO Date of Receipt Mailing Address THORN LANE 0.4 13 2007 City State Zip Code Transaction ID: SA11A1.7630 LOCUST VALLEY NY 11560 Amount of Each Receipt this Period FEC ID number of contributing 750.00 C federal political committee. Name of Employer Security Asset Management Occupation President Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Tarantino Date of Receipt Mailing Address 700 W. Germantown Pike 0.4 05 2007 City Zip Code Transaction ID: SA11A1.7632 State **East Norriton** PA 19403 Amount of Each Receipt this Period FEC ID number of contributing C 700.00 federal political committee. Name of Employer Continental Realty Occupation Executive Receipt For: Aggregate Year-to-Date ▼

1000.00

SUBTOTAL of Receipts This Page (optional)	•	1450.00
TOTAL This Period (last page this line number only)	<u> </u>	7261.00

SCHEDULE A (FEC Form 3X)			Llee concrete cobodul-(-)	FOR LINE NUMBER: PAGE 10 / 21						
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) 11a						
	y information copied from such Reports and Sta for commercial purposes, other than using the									
\rangle	NAME OF COMMITTEE (In Full) National Italian American Political Action	on Committe	ee							
۹.	Full Name (Last, First, Middle Initial) Day & Zimmerman, Inc. Federal PAC			Date of Receipt						
	Mailing Address 1818 Market St. 22nd Floor			04 13 7 2007						
	City	State	Zip Code	Transaction ID: SA11C.7621						
	<u>Philadelphia</u>	PA	19103-3638	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		500.00						
	Name of Employer	Occupation	1	Joseph A. LaSala & John C. DiMarco						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		500.00							

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	<u> </u>	500.00

S	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)		FOR LINE		ER:		PA	GE	11 / 2	21
IT	EMIZED DISBURSEMENTS	for each o	category of the Summary Page		(check on X 21b 27	22 28a		23 28b	24 28c		25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name											S
\rangle	NAME OF COMMITTEE (In Full) National Italian American Political Action C		20 0. a.y political	-								
۹.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK						of Dis	burse	SB21B.		3 0 ŏ 7	Y
	Mailing Address 1835 MARKET ST					0 4		Ō	2	. 2	0 0 7	
		State PA	Zip Code 19103			Amo	unt of	Each	Disburse	ment	-	-
	Purpose of Disbursement MERCHANT CREDIT CARD FEES					L.	•	-		_	25.0	00
	Candidate Name				ategory/ Type							
	Office Sought: Senate President State: Disburse Disburse	ment For: Primary Other (spe	General cify) ▼									
3.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK						of Dis	burse				V
	Mailing Address 1835 MARKET ST					0 ^M 4	M /	^D 0	3 / Y	ž	0 ŏ 7	, ^Y
	,	State PA	Zip Code 19103			Amo	unt of	Each	Disburse			-
	Purpose of Disbursement MERCHANT CREDIT CARD FEES					L.					115.0	00
	Candidate Name				ategory/ Type							
	Office Sought: House Senate President State: District:	ment For: Primary Other (spe	General cify) ▼									
Э.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK					Date	of Dis	burse		759	0	
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	Candidate Name				ategory/ Type							
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼									
s	UBTOTAL of Disbursements This Page (optional) .				•						174.9	95
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	CHEDULE B (FEC Form 3X)	Use seperate schedule(s	FOR LINE (check only		12/	21				
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		X 21b 27	22 28a	23 28b		24 28c	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name									S
	NAME OF COMMITTEE (In Full) National Italian American Political Action C	· · · · · · · · · · · · · · · · · · ·	<u> </u>					<u> </u>		
Α.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK					action I	_	21B.75	92	
	Mailing Address 1835 MARKET ST				0 ^M 4	M / I	13	/ Y	ž 0 ŏ 7	7 ^Y
	,	State Zip Code PA 19103			Amou	nt of Ea	ch Disk	ourseme		
	Purpose of Disbursement MERCHANT CREDIT CARD FEES								11.	51
	Candidate Name Office Sought: House Disburse	ement For:		ategory/ Type						
	Office Sought: House Disburse Senate President State: District:	Primary General Other (specify)								
В.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK					of Disbu	rsemer	21B.76	01	
	Mailing Address 1835 MARKET ST				0 ^M 5	M / I	0 2	/ Y	ž o ŏ 7	7 ^Y
	,	State Zip Code PA 19103			Amou	nt of Ea	ch Dist	ourseme		-
	Purpose of Disbursement MERCHANT CREDIT CARD FEES Candidate Name			atagan/	L.			•	129.	/3
				ategory/ Type						
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)								
C.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK					action I		21B.76	04	
	Mailing Address 1835 MARKET ST				0 ^M 5	M / I	04	/ Y	ž o ŏ 7	7 ^Y
		State Zip Code PA 19103			Amou	nt of Ea	ch Dist	ourseme		
	Purpose of Disbursement MERCHANT CREDIT CARD FEES Candidate Name			ategory/			-	• •	68.	J7
				Type						
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s	UBTOTAL of Disbursements This Page (optional) .			<u> </u>					209.	31
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SC	CHEDULE B (FEC Form 3X)	Use seperate so	chedule(s)	FOR LINE N		Р	AGE 13/2	21
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	r Information copied from such Reports and Statem or commercial purposes, other than using the name							s
\rangle	NAME OF COMMITTEE (In Full) National Italian American Political Action C	ommittee						
۹.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK					ion ID: SB21E	3.7605	, Y
	Mailing Address 1835 MARKET ST				0.5	11	2007	
		State Zip C PA 191			Amount o	f Each Disburs		
	Purpose of Disbursement MERCHANT CREDIT CARD FEES		Γ				34.9	95
	Candidate Name			Category/ Type				
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (specify)	General					
_	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK				Date of D	ion ID: SB21E		Y
	Mailing Address 1835 MARKET ST				0 6	04	žoŏ7	
	•	State Zip C PA 191			Amount o	f Each Disburs	ement this F	Period
	Purpose of Disbursement MERCHANT CREDIT CARD FEES		Γ				140.0	00
	Candidate Name			Category/ Type				
	Office Sought: House Senate President State: District:	ment For: Primary Other (specify)	General					
Э.	Full Name (Last, First, Middle Initial) BANKCARD/CONESTOGA BANK				Date of D	ion ID: SB21E		
	Mailing Address 1835 MARKET ST				06	/ D D /	žoŏ7	, ^Y
		State Zip C			Amount o	f Each Disburs	ement this F	Period
	Purpose of Disbursement MERCHANT CREDIT CARD FEES			•	L		34.9	95
	Candidate Name			Category/ Type				
	Office Sought: House Senate President State: District:	ment For: Primary Other (specify)	General					
sı	JBTOTAL of Disbursements This Page (optional) .			<u></u>			209.9	90
TC	OTAL This Period (last page this line number only)							

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TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X		22 28a		23 28b	24 28c		25 29	26 30k
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-	and address of any political co	וווווווו	iee io S	OHOIL COITE	ibull	טוו פווט	iii Sucii	COITIII	iillee	
NAME OF COMMITTEE (In Full) National Italian American Political Action (Committee									
Full Name (Last, First, Middle Initial)				Trans	sactio	on ID:	SB21B	.760	9	
CHRISTO CONSULTING						sburse		V * V	V	V
Mailing Address 292 Main St. Suite 331				o [™] 5	IVI /	1	^D /	Ž	0 ŏ 7	
City Harleysville	State Zip Code PA 19438			Amou	ınt of	Each	Disburs	ement	this P	eriod
Purpose of Disbursement	177 10100		-	1 [312.4	5
WEBSITE DESIGN & MAINTENANCE		_								
Candidate Name		Categ Typ	-							
Office Sought: House Disburse	ment For: Primary General Gen									
President	Other (specify)									
State: District:										
Full Name (Last, First, Middle Initial) 3. LA COLLINA						on ID: sburse	SB21B	.758	3	
				M	M /	D	D /	Y Y	0 ŏ 7	Υ
Mailing Address 37-41 ASHLAND AVE.				0 4		0	9	2	007	
City BELMONT HILLS	State Zip Code PA 19004			Amou	ınt of	Each	Disburs	ement	this P	eriod
Purpose of Disbursement MEETING EXPENSES		•		L.	-				412.0	0
Candidate Name		Categ	-							
Senate President	ement For: Primary General Other (specify)									
State: District: Full Name (Last, First, Middle Initial)				_			00010	704		
KEVIN ROSENBERRY						sburse				V
Mailing Address 44 E 5TH ST				0 5		1	6 /	2	0 ŏ 7	
City POTTSTOWN	State Zip Code PA 19464			Amou	ınt of	Each	Disburs			-
Purpose of Disbursement PAC FUNDRAISING EVENT COSTS - ENTERT	AINM	۰		L.	_			_	325.0	0
Candidate Name		Categ Typ								
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)									
SUBTOTAL of Disbursements This Page (optional)						•	•	10)49.4	5
CODITION OF DISDUISEMENTS THIS Page (Optional)				-	-		-	-		=
TOTAL This Period (last page this line number only)			•	L.						

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	(s) FOR LINE NUMBER: PAGE 1				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30b		
Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) National Italian American Political Action (· · ·					
Full Name (Last, First, Middle Initial) 4. UTA ASSOCIATES			Date of Disburs			
Mailing Address 1205 LOCUST ST SUITE 100			0 4	0 9 Y 2 0 0 7 Y		
City PHILADELPHIA	State Zip Code PA 19107		Amount of Eacl	h Disbursement this Period		
Purpose of Disbursement COMPENSATION FOR FUNDRAISING SVCS				5140.54		
Candidate Name		Category/ Type				
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial) 3. UTA ASSOCIATES			Transaction ID	0: SB21B.7611 sement		
Mailing Address 1205 LOCUST ST SUITE 100			M M / D	16 7 2007		
City PHILADELPHIA	State Zip Code PA 19107		Amount of Eacl	h Disbursement this Period		
Purpose of Disbursement COMPENSATION FOR FUNDRAISING SVCS				1250.00		
Candidate Name		Category/ Type				
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)					
Full Name (Last, First, Middle Initial) UTA ASSOCIATES			Date of Disburs			
Mailing Address 1205 LOCUST ST SUITE 100			06 / 0	15 2007		
	State Zip Code PA 19107		Amount of Eacl	h Disbursement this Period		
Purpose of Disbursement COMPENSATION FOR FUNDRAISING SVCS				3750.00		
Candidate Name		Category/ Type				
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)					
SUBTOTAL of Disbursements This Page (optional)		<u>•</u>		10140.54		
TOTAL This Period (last page this line number only)				11784.15		

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SCHEDULE B (FEC Form 3X)						LINE NUMBER: PAGE 16 / 21								
	•	Use seperate schedule(s) (check only one)				١.			17	GL.	107	_		
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	X	22 28a		23 28b	П	24 28c	П	25 29	F	26 30b
	y Information copied from such Reports and for commercial purposes, other than using												ıs	
$\overline{\ }$	NAME OF COMMITTEE (In Full)													
\rangle	National Italian American Political A	Action Committee												
	Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	SB	28A.	758	9		
۹.	Joe Hand Promotions, Inc.					Date o			_	-		•		
	Mailing Address 407 E. Pennsylva	nia Blvd.				0 4	M /	^D 1	0	/ Y	ž	0 0	7 ^Y	
	City Feasterville	State Zip Code PA 19053				Amou	nt of	Each	Dis	burse	men		-	od
	Purpose of Disbursement Refund Contribution						_	-			_	300.	00	
	Candidate Name		Cate Typ	-										
	Office Sought: House	Disbursement For:												
	Senate	Primary General												
	President	Other (specify)												
	State: District:													

		200.00
SUBTOTAL of Disbursements This Page (optional)	>	300.00
TOTAL This Period (last page this line number only)	•	300.00

	Use seperate schedule(s)		check or			١.		L P A	AGE	1//2	: 1	
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	ÌÈ	21b 27		22 [28a [23 28		24 28c		25 29	П	26 30b
Any Information copied from such Reports and State	ments may not be sold or used b	y an							contri		<u></u> }	-
or for commercial purposes, other than using the nar	ne and address of any political co	omm	ittee to s	solicit	contrib	outions	fror	m such	comn	nittee		
NAME OF COMMITTEE (In Full)												
/ National Italian American Political Action	Committee											
Full Name (Last, First, Middle Initial)								SB29.7	'596			
FRIENDS OF BOB BRADY					Date of	Disbu			ΥΥ	Y	Υ	
Mailing Address 2000 MARKET STREE 5TH FLOOR					0 4	J L	^D 2(6	2	0 ŏ 7		
City PHILADELPHIA	State Zip Code PA 19103			<i>A</i>	Amoun	t of Ea	ch [Disburse	emen	this P	erio	i
Purpose of Disbursement	Г	_	-	† I					. 8	000.0	00	
CAMPAIGN CONTRIBUTION Candidate Name		Cate	egory/									
			/pe									
Office Sought: House Disburs Senate	ement For: Primary General											
President	Other (specify)											
State: District:												
Full Name (Last, First, Middle Initial)								SB29.7	603			
Fumo for Senate						Disbu		ment	v · v	V .	V	
Mailing Address 1208 Tasker Street, 2nd	l Floor				0 5]	٠ o	4 ′	2	0 ŏ 7	_	
City Philadelphia	State Zip Code PA 19148			1	Amoun	t of Ea	ch [Disburse	emen	this P	erio	i
Purpose of Disbursement CAMPAIGN CONTRIBUTION		_							3	000.0	00	
Candidate Name			egory/ /pe									
Senate President	ement For: Primary General Other (specify)											
State: District: Full Name (Last, First, Middle Initial)				_				2000 7	, o o 7			
MEDITERRANEN BANQUENT HALL					Date of	Disbu		SB29.7 ment		V	V	
Mailing Address 2033 S. BANCROFT ST	REET				0 5 "	J´L	1 (6	2	0 ŏ 7		
City PHILADELPHIA	State Zip Code PA 19145			_ /	Amoun	t of Ea	ch [Disburse			-	1
Purpose of Disbursement INKIND-FUNDRAISING EVENT COSTS	Γ		-				0			750.0	00	_
Candidate Name			egory/ /pe									
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)											
l l									11	750.0	0	$\overline{}$
SUBTOTAL of Disbursements This Page (optional)			<u>. ▶</u>		_	-	_			. 55.5		4
TOTAL This Period (last page this line number only	v)		•									

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER:	PAGE 18/21
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 23 28a 28b	24 25 26 28c X 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) National Italian American Political Action C				
Full Name (Last, First, Middle Initial) 4. FRIENDS OF BOB BRADY			Transaction ID: SE Date of Disburseme	ent
Mailing Address 2000 MARKET STREET 5TH FLOOR			05 16	Y 2007
,	State Zip Code PA 19103		Amount of Each Dis	sbursement this Period
Purpose of Disbursement INKIND-FUNDRAISING EVENT COSTS				750.00
Candidate Name		Category/ Type	[MEMO ITEM]	
Senate President	ment For: Primary General Other (specify) ▼			
State: District: Full Name (Last, First, Middle Initial) PANEPINTO FOR SUPREME COURT			Transaction ID: SE	
Mailing Address 437 N 67TH STREET			04 09	['] 2007
,	State Zip Code PA 19151		Amount of Each Dis	sbursement this Period
Purpose of Disbursement CAMPAIGN CONTRIBUTION Candidate Name		Category/ Type		500.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) PANEPINTO FOR SUPREME COURT			Transaction ID: SE Date of Disburseme	
Mailing Address 437 N 67TH STREET			05 11	['] 2007
	State Zip Code PA 19151		Amount of Each Dis	sbursement this Period
Purpose of Disbursement CAMPAIGN CONTRIBUTION				500.00
Candidate Name	ment Fou	Category/ Type		
Office Sought: House Disburse Senate President State: District:	ment For: Primary General 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

PAGE 19 / 21 FOR LINE 13 OF FORM 3X

LOANS	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 Mailing Address 555 E. CITY LINA AVE.	Election: Primary General Other (specify)
City BALA CYNWYD State PA ZIP Cod	le 19004
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
7500.00	0.00 7500.00
Date Incurred Date Due Date Due Date Due	Interest Rate Secured: % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation Amount
City State ZIP Code	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 Sche	dule D, carry forward to appropraite line of Summary.

Use separate schedule(s)

PAGE 20 / 21 FOR LINE 13 OF FORM 3X

OANS			tegory of the mmary Page	TOTT LINE TO	JOI TONW JA
NAME OF COMMITTEE (In Full) National Italian American Political Action (Committee	1	Transact	tion ID: SC/10.	4271
LOAN SOURCE Full Name (Last, First, Mice Amato Berardi	dle Initial)			ection: Primary General	4271
Mailing Address 555 City Line Ave, Suite 7	70			Other (specify)	▼
City Bala Cynwyd	State PA Z	ZIP Code 19004			
Original Amount of Loan	Cumulative Paym	ent To Date	Balance C	Outstanding at C	lose of This Period
2500.00		0.00			2500.00
TERMS Date Incurred	Date D	ue	Interest Rate		Secured:
0 3 D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loa	n Source				
Full Name (Last, First, Middle Initial)		Name of Emple	oyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emplo	oyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			1 1
Full Name (Last, First, Middle Initial)		Name of Emple	oyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emple	oyer		
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)			>		10000.00
Carry outstanding balance only to LINE 3, Schedu	ule D, for this line. If r	no Schedule D, carry for	ward to appropr	aite line of Sumr	nary.

Image# 27991028652

Form/Schedule: **F3XA**Transaction ID:

WE ARE FILING THIS AMENDED REPORT IN RESPONSE TO YOUR REQUEST FOR ADDITIONAL INFORMATION DATED NOVEMBER 10. PLEASE NOTE THAT ALL EXPENDITURES LISTED ON SCHEDULE B, LINE 21 WERE MADE ON BEHALF OF THE NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE (NIAPAC), AND THAT NONE OF THESE EXPENDITURES WERE MADE ON BEHALF OSPECIFICALLY IDENTIFIED FEDERAL CANDIDATE THAT WOULD CONSTITUTE AN IN-KIND EXPENDITURE, OR AN INDEPENDENT EXPENDITURE. ALL EXPENDITURES LISTED ON SCHEDULE B, LINE 21 MADE FOR 'COMPENSATION FOR FUNDRAISING SVCS' WERE EXPENDITURES FOR FUNDRAISING SERVICES SPECIFICALLY PROVIDED TO NIAPAC.