

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

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FEC MAIL ROOM

2001 JUN 25 A 10:33

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> NATIONAL Italian SAFE AND POLITICAL ACTION COMMITTEE	<b>2. FEC IDENTIFICATION NUMBER</b> C00355388
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 44 SECOND STREET PLACE SUITE 202	<b>3. <input type="checkbox"/> This committee has qualified as a multianddate committee. (see FEC FORM 1M)</b>
CITY, STATE and ZIP CODE SOUTHAMPTON PA 12086	

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- |                                      |   |                                      |
|--------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> February 20 | <input checked="" type="checkbox"/> June 20 | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20            | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20          | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20       | <input type="checkbox"/> January 31  |
- 12-Day Pre-Election Report for the \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>5-1-01</u> through <u>5-31-01</u>		
6. (a) Cash on Hand January 1, <sup>2001</sup> <del>2000</del>		\$ 2,958.67
(b) Cash on Hand at Beginning of Reporting Period	\$ 7,820.84	
(c) Total Receipts (from Line 19)	\$ 5,906.17	\$ 60,626.25
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 13,726.97	\$ 63,584.87
7. Total Disbursements (from Line 30)	\$ 11,449.81	\$ 61,297.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,277.16	\$ 2,287.16
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9590 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 11,267.00	

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: **VINCENT M LASPARA**

Signature of Treasurer: *Vincent M. Laspara* Date: **6/20/01**

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE  
NATIONAL STRATEGIC AMERICAN POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD  
FROM: TO:

**I. Receipts**

	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	\$ 100.00	\$4,975.00	11i
ii. Unitemized	800.00	3,075.00	11ii
iii. Total (add i and ii) >	\$ 900.00	\$8,050.00	11iii
b. Political Party Committees			11b
c. Other Political Committees (such as PACs)			11c
d. Total Contributions (add a iii, b and c) >	\$ 900.00	\$8,050.00	11d
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received		2,500.00	13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	6.13	76.25	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$ 906.13	60,626.25	19
20. Total Federal Receipts (subtract line 18 from line 19) >	\$ 906.13	60,626.25	20

**II. Disbursements**

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21a
ii. Non-Federal Share			21b
b. Other Federal Operating Expenditures			21b
c. Total Operating Expenditures (add a i, a ii, and b) >			21c
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	10,500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements	10,449.81	44,797.71	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	11,449.81	61,297.71	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >			31

**III. Net Contributions/Operating Expenditures**

32. Total Contributions (other than loans)(from line 11d)	\$ 900.00	\$8,050.00	32
33. Total Contribution Refunds (from line 28d)	- 0 -		33
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$ 900.00	\$8,050.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	- 0 -	- 0 -	35
36. Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -	36
37. Net Operating Expenditures (subtract line 36 from 35) >	- 0 -	- 0 -	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4  
FOR LINE NUMBER 11A-5

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 committees.

NAME OF COMMITTEE (In Full)

NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOLBY DICKMAN, ESQ 2605 N BROAD HAVERDALE PA 19146	RUBIN DICKMAN	5-11-01	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LAWYER	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALEXANDER V SANCIONE 414 OLD LANCASTER RD 202 HAVERDALE PA 19141	SELF	5-11-01	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LAWYER	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALAN T YUNAS 587 SKIPPAK PIKE BLUE BELL PA 19422	ROLL, ROSS & ASSOC	5-11-01	175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CORP EXECUTIVE	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTINA M CORREIA PO BOX 370 TYLER HRT PA 19091	CURRANT & CONS	5-11-01	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CORP EXECUTIVE	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALEX CHIARO 218 S MAIN STREET SEITZERSVILLE PA 18960	CHIAROS	5-11-01	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH D'AMBREA, ESQ 800 PENN SECURITY BANK BUILDING SEPHAMON PA 18502	SELF	5-11-01	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LAWYER	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CARMEN LUCIANI PO BOX 1056 HAVERDORF PA 19083	GLOBAL CREDIT	5-11-01	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CORP EXECUTIVE	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

1,150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 4  
FOR LINE NUMBER 11 A-3

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NAME OF COMMITTEE (in Full)

**NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TOM BRANCA 411 CHERRY ST MORRISTOWN PA 19401	STEWART WOOD & BRANCA Occupation: LA WORKER	5-11-01	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY DI SANBRO JR 1075 DRUMMER LANE WAYNE PA 19087	SKEUNG LEE Occupation: LAWYER	5-11-01	175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROSEMARY MARINO 1812 CHALK ST PHILA PA 19146	N/A Occupation: HOMEWORKER	5-11-01	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LUCIA MARIA SAIURO 991 N. GRANGE AVE COLLEENIE PA 19426	SAIURO TITLE Occupation: OWNER	5-11-01	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY DI SANBRO 1825 MARKET STREET PHILA PA 19107	FIRST PENN BANK Occupation: LURP EXECUTIVE	5-11-01	175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY DE MEDIO 509 FAYETTE STREET CONSHOHOCKEN PA 19428	DEMEDIO ROBERT INC Occupation: REALTOR	5-11-01	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH GIANNETTI PO BOX 84 SKIPPACK PA 19434	SELF Occupation: LAWYER	5-11-01	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1,350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules(a) for each category of the Detailed Summary Page

PAGE 3 OF 4  
FOR LINE NUMBER 11 A 2

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NAME OF COMMITTEE (in Full)

NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELIO F COLAUTA 1608 WALNUT ST 15th FL PHILA PA 19103	FIRST REPUBLIC BANK	5-11-01	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: FINANCIAL Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD SCALERI 640 MAIN ST DARBY PA 19023	OK RENTAL	5-11-01	125.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOHN J DOUGHERTY 1701 SPRING GARDEN ST PHILA PA 19130	IBEW LOCAL 98	5-11-01	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGER Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH BONGIOLANNI III 1700 N AMERICAN BLVD PHILA PA 19107	BONGIOLANNI & BEGERO	5-11-01	225.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LAWYER Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT VENTURERA PO BOX 308 JENKINTOWN PA 19046	GOETTERMAN RD. VENTURES	5-11-01	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: OWNER Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CHRISTOPHER BIGELORIE 1608 WALNUT ST PHILA PA 19103	REAL ESTATE EXP. TRK MBS	5-11-01	25.06
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: MANAGING DIRECTOR Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY N MALLACE 1443 S. BROAD ST PHILA PA 19147	ANTHONY N MALLACE, ESQ	5-11-01	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LAWYER Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

1,250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 4  
FOR LINE NUMBER 1193

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NAME OF COMMITTEE (In Full)

**NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PERRY ARDENIZIO 460 MORRISTOWN ROAD BLUE BELT PA 19020	MORRIS STANLEY	5-1-01	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: FINANCIAL CONSULTANT	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD MACCARONE 1807 SOUTH CEDAR ST PHILA PA 19104	JOS. L. MACCARONE + CO	5-1-01	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CPA	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOSEPH A AGIERI 555 EAST CITY LINE AVE WILMINGTON PA 19001	GERARDI & ASSOC	5-1-01	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: FINANCIAL ADVISER	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAROL TAMARINA 2000 TWO LOCUS SQUARE 10TH & ROBIN PHILA PA 19103	PEPPER HAMILTON	5-1-01	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: LAWYER	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BOB PANARICCO 40 DUNMURRING RD NEWTON SQUARE PA 19072	NORTHWEST HUMAN SERVICES	5-1-01	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CONSULTANT	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

1,250.00

TOTAL This Period (last page this line number only)

5,100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PRIMAVERA PIZZA KITCHEN LANCASTER AVE ARDMORE PA 19002	EVENT / HALL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-2-01	1,867.18
THE PRIESTLEY PRINTERS 232-48 N SUMNER ST PHILA PA 19107	PRINTING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-2-01	4,108.80
C. Full Name, Mailing Address and ZIP Code DAWN FEINSTEINER PO BOX 227 UNIONVILLE PA 19375	PURPOSE OF DISBURSEMENT WEB DESIGN Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-2-01	780.00
D. Full Name, Mailing Address and ZIP Code LA COLINA 37-41 BAYLAND AVE BETHLEHEM PA 18007	PURPOSE OF DISBURSEMENT BOARD MEETING Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-2-01	527.60
E. Full Name, Mailing Address and ZIP Code CENTER CITY GRAPHERS 1200 WALNUT STREET PHILA PA 19107	PURPOSE OF DISBURSEMENT PARTIES / AWARDS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-14-01	41.94
F. Full Name, Mailing Address and ZIP Code SOCIETY HILL OPERATIONS 1 DOCK STREET PHILA PA 19106	PURPOSE OF DISBURSEMENT EVENT / HALL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-14-01	2,867.00
G. Full Name, Mailing Address and ZIP Code SOCIETY HILL OPERATIONS 1 DOCK STREET PHILA PA 19106	PURPOSE OF DISBURSEMENT EVENT / HALL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-14-01	123.00
H. Full Name, Mailing Address and ZIP Code AMERICAN EXPRESS PO BOX 52053 PHOENIX AZ 85072-2053	PURPOSE OF DISBURSEMENT CREDIT CARD MERCH FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-7-01	7.13
I. Full Name, Mailing Address and ZIP Code BANKCARD / VIA FIRST PENN BANK FIRST PENN CENTER 1325 MARKET ST PHILA PA 19102	PURPOSE OF DISBURSEMENT CREDIT CARD MERCH FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-2-01	60.16

SUBTOTAL of Disbursements This Page (optional)

10,394.81

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CREDIT CARD MERCHISEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
<p><u>NOVUS SERVICES / VIA EMPERIAL BEACH REDONDO BEACH CA</u></p>		<p><u>5-2-01</u></p>	<p><u>\$0.00</u></p>
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

\$0.00

TOTAL This Period (last page this line number only) .....

10,419.81



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

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, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SER PAC PHILADELPHIA PA	POLITICAL PAC CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-9-01	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,000.00

TOTAL This Period (last page this line number only)

1,000.00

Name of Committee (in Full) **NATIONAL ITALIAN AMERICAN POLITICAL ACTION COMMITTEE**

A. Full Name, Mailing Address and ZIP Code of Loan Source <b>ANTONIO BERARDI</b> <b>555 EAST CRYLINDR AVE</b> <b>BALA CYNWYD PA 19004</b> Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan <b>2,500.00</b>	Cumulative Payment To Date <b>0</b>	Balance Outstanding at Close of This Period <b>2,500.00</b>
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Terms: Date Incurred 1-17-01 Date Due N/A Interest Rate 2 1/4 %(apr)  Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

B. Full Name, Mailing Address and ZIP Code of Loan Source  Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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Terms: Date Incurred \_\_\_\_\_ Date Due \_\_\_\_\_ Interest Rate \_\_\_\_\_ %(apr)  Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
2. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		
3. Full Name, Mailing Address and ZIP Code	Name of Employer		
	Occupation		
	Amount Guaranteed Outstanding: \$		

SUBTOTALS This Period This Page (optional)	<b>2,500.00</b>
TOTALS This Period (last page in this line only)	<b>2,500.00</b>

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

LINE NUMBER 10  
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
NATIONAL STRAINED AMERICAN POLITICAL ACTION COMMITTEE				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor SOCIETY HILL SHERATON 1 JACK STREET PHILA PA 19106	9,000.00	2,867.00	3,000.00	8,867.00
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	8,867.00
2) TOTALS This Period (last page in this line only)	8,867.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	2,500.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	11,367.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 6/20/01
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>EV</i> PREPARER	6/25/01 DATE PREPARED