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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 Х 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 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Χ 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 07 0 1 2007 09 3 0 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 10 15 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) OF RECEIPTS AND DISBURSEMENTS
Page 2

Report	Covering the Period: From:	01 2007	To: 0 9 3 0 Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a)	Cash on Hand January 1		45801.03
(b)	Cash on Hand at Begining of Reporting Period	39911.90	
(c)	Total Receipts (from Line 19)	4056.84	104671.78
(d)	Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43968.74	150472.81
Tota	al Disbursements (from Line 31)	5963.55	112467.62
Repo	h on Hand at Close of orting Period tract Line 7 from Line 6(d))	38005.19	38005.19
the c	ts and Obligations owed TO committee (Itemize all on edule C and/or Schedule D)	0.00	
the c	ts and Obligations owed BY committee (Itemize all on edule C and/or Schedule D)	10000.00	

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

From:

Report Covering the Period:

м м 0 7 01

2007

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м м 0 9 <sup>D</sup> 3 0

<sup>Y</sup> 2007

	I. Receipts  Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.			
		1775.00	87473.60
		2125.00	10945.00
		3900.00	98418.60
		0.00	0.00
	(such as PACs)	100.00	6125.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4000.00	104543.60
2.		0.00	0.00
3.	All Loans Received	0.00	0.00
		0.00	0.00
16	(Carry Totals to Line 37, page 5)	0.00	0.00
Ο.	to Federal candidates and Other	0.00	0.00
7.		56.84	128.18
8.			
	` '	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.		4056.84	104671.78
20.		4056.84	104671.78

#### **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)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	5513.55	87367.62
	(c) Total Operating Expenditures	5513.55	87367.62
,	(add 21(a)(i), (a)(ii) and (b))	3313.33	07307.02
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	8000.00
	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
ò.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
3.	Refunds of Contributions To:  (a) Individuals/Persons Other Than Political Committees	0.00	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))	0.00	725.00
9.	Other Disbursements	450.00	16375.00
٥.	Federal Election Activity (2 U.S.C 431(20))		
٠.	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(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
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5963.55	112467.62
<u>2</u> .	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	5963.55	112467.62
	11 O 11   11 O 1   1   11 O 1	0000.00	112-07.02

#### **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)	4000.00	104543.60
34. Total Contribution Refunds (from Line 28(d))	0.00	725.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4000.00	103818.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5513.55	87367.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5513.55	87367.62

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 / 19
ıт	EMIZED RECEIPTS	or each category of the	(check only one)
••		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar	y information copied from such Reports and Statements n	nay not be sold or used by any perso	
or	for commercial purposes, other than using the name and a	address of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)		
$ \rangle$	National Italian American Political Action Comm	ittee	
_	Full Name (Last, First, Middle Initial)		
A.	Michael Carron		Date of Receipt
	Mailing Address 65 Forge Mountain Dr.		09 14 2007
	City State	Zip Code	Transaction ID: SA11A1.7677
	<u>Phoenixville</u> PA	19460	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		150.00
	federal political committee.		
	Name of Employer Continental Realty, Inc.  Occupat	tion	Contribution
		ate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
	Citic (openly) •		1
_	Full Name (Last, First, Middle Initial)		5. (5. )
В.	ANTHONY DI SANDRO  Mailing Address 205 MC CLUBE DRIVE		Date of Receipt
	Mailing Address 205 MC CLURE DRIVE		09 14 2007
	City State	Zip Code	Transaction ID: SA11A1.7675
	BLUE BELL PA	19422	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee		400.00
	federal political committee.		
	Name of Employer FIRST PENN BANK  FYEOL	tion	Contribution
		ate Year-to-Date ▼	
	Primary General Other (specify) ▼	400.00	
	and (speedy) •	0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial) Domenico Gambone		Date of Receipt
C.	Mailing Address 3111 Mill Road		M M / D D / Y Y Y Y
			09 07 2007
	City State	Zip Code	Transaction ID: SA11A1.7661
	Norristown PA	19403	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		400.00
	rederal political committee.		Contribution
	Name of Employer Occupation Self Employed Polyone		Johnnouton
	Dakery	Owner ate Year-to-Date ▼	_
	Primary General Aggregation	ale rear-lu-pale V	1
	Other (specify) ▼	400.00	
_			al .
			950.00
	UBTOTAL of Receipts This Page (optional)		
<sub>T</sub>	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form	3X)	Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 7 / 19 (check only one)
ITEMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports or for commercial purposes, other than us	and Statements may ing the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
NAME OF COMMITTEE (In Full)  National Italian American Politic	al Action Committ	ee	
Full Name (Last, First, Middle Initial) Law Offices of Vincent B. Mancini & Asso Mailing Address 414 E. Baltimore  City Media FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:	State PA  C  Occupatio	Zip Code 19063 n	Date of Receipt  M M J D D J 2007  Transaction ID: SA11A1.7667  Amount of Each Receipt this Period  250.00  Partnership Attrib to Mancini
Primary General Other (specify) ▼	, and the second	250.00	
Full Name (Last, First, Middle Initial) Vincent B. Mancini Mailing Address 173 Dam View F  City Media  FEC ID number of contributing federal political committee.	State PA	Zip Code 19063	Date of Receipt    M M
Name of Employer Self Employed  Receipt For:  Primary General  Other (specify) ▼	Occupatio Attorney Aggregate	n e Year-to-Date ▼ 1390.00	Attrib from Law Offices of V. Mancini  [MEMO ITEM]
Full Name (Last, First, Middle Initial)  MARIO MELE  Mailing Address 1240 PINETOW	N ROAD		Date of Receipt  0 9 1 4 2 0 0 7
City  FT. WASHINGTON  FEC ID number of contributing federal political committee.  Name of Employer FIDELIO INSURANCE CO.  Receipt For:  Primary General Other (specify)	State PA  C  Occupatio EXECUT  Aggregate		Transaction ID: SA11A1.7663  Amount of Each Receipt this Period  250.00  Contribution
SUBTOTAL of Receipts This Page (opti	onal)		500.00
TOTAL This Period (last page this line n	umber only)		

Other (specify)

PAGE 8/19 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 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) Date of Receipt Jayme Morano Mailing Address 508 E. Lackawanna Ave. 0 8 06 2007 City State Zip Code Transaction ID: SA11A1.7641 Olyphant PA 18447 Amount of Each Receipt this Period FEC ID number of contributing 175.00 C federal political committee. Contribution Name of Employer Lackawanna County Governm-Occupation Director of Buildings & Grounds ent Aggregate Year-to-Date ▼ Receipt For: Primary General 550.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph P. Stampone Date of Receipt Mailing Address 1390 Tanglewood Drive 0 9 14 2007 City Transaction ID: SA11A1.7669 State Zip Code North Wales PA 19454 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Contribution Name of Employer Stampone, D'Angelo & Renzi Occupation Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General

3975.00

CURTOTAL of Descints This Peace (autisms)		325.00
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	<b>•</b>	1775.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 19 (check only one)  11a 11b X 11c 12 13 14 15 16 17
	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full)  National Italian American Political Ad	ction Committee	
Full Name (Last, First, Middle Initial) Committee to Elect Mayor Joseph DiGirolamo Mailing Address 3982 Grace Ave.		Date of Receipt  0 9 0 7 2 0 0 7
City Bensalem FEC ID number of contributing federal political committee.	State Zip Code PA 19020	Transaction ID: SA11C.7655  Amount of Each Receipt this Period  100.00
Name of Employer Bensalem Township  Receipt For:  Primary General Other (specify) ▼	Occupation  Aggregate Year-to-Date ▼  750.00	Contributrion

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$\rangle$	National Italian American Political Action	Committee													
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3. CHRISTO CONSULTING				Date	of Di	sburse	SB21B ment			V	
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Candidate Name	1	Categ Typ									
Senate President	ement For:    Primary   General     Other (specify)   \(\bigvert										
State: District:				<b>-</b>							_
SUBTOTAL of Disbursements This Page (optional)							-	-	104.8	5	_
TOTAL This Period (last page this line number only			•								

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	١ .	-					19		
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	۔ ا	(check only X 21b 27	one) 22 28a	23 28b	24 28c	25 29	26 30		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name										
<u> </u>	NAME OF COMMITTEE (In Full)	and dadress or any pomission									
$\rangle$	National Italian American Political Action C	Committee									
Α.	Full Name (Last, First, Middle Initial) CHRISTO CONSULTING				Date of	Disburse					
	Mailing Address 292 Main St. Suite 331		08								
	Harleysville	State Zip Code PA 19438			Amount	of Each	Disburse	ment this			
	Purpose of Disbursement WEB DESIGN & MAINTENANCE							223	.00		
	Candidate Name			tegory/ ype							
	Office Sought: House Disburse Senate President	ement For: Primary General Other (specify)									
_	State: District:										
В.	Full Name (Last, First, Middle Initial) CHRISTO CONSULTING				Date of	Disburse					
	Mailing Address 292 Main St. Suite 331				0 <sup>M</sup> 8 M	<sup>′</sup> 0	<sup>D</sup> / Y	200	7 <sup>Y</sup>		
		State Zip Code PA 19438			Amount	of Each	Disburse				
	Purpose of Disbursement WEB DESIGN & MAINTENANCE				104.98						
	Candidate Name		ı	tegory/ ype							
	Senate President	ement For: Primary General Other (specify)									
<b>C</b> .	State: District:  Full Name (Last, First, Middle Initial)  CHRISTO CONSULTING				Date of	Disburse					
	Mailing Address 292 Main St. Suite 331				0 <sup>M</sup> 8 M	/ <b>1</b>	0 / Y	200	7 <sup>Y</sup>		
		State Zip Code PA 19438			Amount	of Each	Disburse	ment this	Period		
	Purpose of Disbursement WEB DESIGN & MAINTENANCE							225	.00		
	Candidate Name			tegory/ ype							
	Office Sought: House Disburse Senate President District:	ement For: Primary General Other (specify)									
Г	oiaic. Distilut.					•					
s	UBTOTAL of Disbursements This Page (optional)			▶	<u> </u>			554.	98		
т	OTAL This Period (last page this line number only)			•							

	CHEDULE B (FEC Form 3X)		erate schedule(s)			P. DR LINE NUMBER: P. neck only one)				PAG	E 15/	19	
IT	EMIZED DISBURSEMENTS		category of the Summary Page		X 21	b [	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												ns
$\vdash$	NAME OF COMMITTEE (In Full)												
$ \rangle$	National Italian American Political Action C	Committee											
Α.	Full Name (Last, First, Middle Initial) Philadelphia Public Record						Trans Date		sburs	eme	21B.77	'07	
	Mailing Address 1330 W. Ritner St.						0 <sup>M</sup> 9	М	D	2 6	/ Y	žoŏ	7 <sup>Y</sup>
		State PA	Zip Code 19148				Amou	int of	Eacl	n Disl	burseme		
	Purpose of Disbursement PAC ADVERTISING			Γ		7		_	-			235.	00
	Candidate Name			С	ategory Type	/							
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼										
_	State: District: Full Name (Last, First, Middle Initial)										045.77		
В.	PRIESTLY PRINTERS						Date		sburs	eme			V
	Mailing Address 233-45 N. JUNIPER ST						0 9			2 6	<u> </u>	ž 0 ŏ	7
		State PA	Zip Code 19107				Amou	int of	Eacl	n Disl	burseme		
	Purpose of Disbursement PAC STATIONARY PRINTING				•			-	_			1305.	40
	Candidate Name			С	ategory Type								
	Office Sought:  Senate President  State:  Disburse	ment For: Primary Other (spe	General cify) ▼										
C.	Full Name (Last, First, Middle Initial) UTA ASSOCIATES						Trans				21B.76	697	
	Mailing Address 1205 LOCUST ST SUITE 100						0 <sup>M</sup> 8	М	D	3 <sup>D</sup>	/ Y	ž 0 ŏ	7 <sup>Y</sup>
	City	State PA	Zip Code 19107				Amou	int of	Eacl	n Disl	burseme		
	Purpose of Disbursement COMPENSATION FOR FUNDRAISING SVCS				L.	-	-			1250.	00		
	Candidate Name			С	ategory Type	/							
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spe	General cify) ▼										
<u> </u>	<b>'</b>											2790.	40
Ls	UBTOTAL of Disbursements This Page (optional) .					<u> </u>		-	-			_130.	10
Iт	OTAL This Period (last page this line number only)												

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5(	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 16/19
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one)  22 23 24 25 26 28a 28b 28c 29 30b
	y Information copied from such Reports and Stator for commercial purposes, other than using the na		, , ,	' '
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
	National Italian American Political Action	n Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.7698
۹.	UTA ASSOCIATES			Date of Disbursement
	Mailing Address 1205 LOCUST ST SUITE 100			08 7 3 1 7 2 0 0 7
	City PHILADELPHIA	State Zip Code PA 19107		Amount of Each Disbursement this Period
	Purpose of Disbursement COMPENSATION FOR FUNDRAISING SVC			1250.00
	Candidate Name		Category/ Type	
	Office Sought: House Disbu	sement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

		1050.00
SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	1250.00
TOTAL This Period (last page this line number only)	•	5190.75

C	CHEDINE B /EEC Form 2V																	
	CHEDULE B (FEC Form 3X)	Use sepe	rate schedule(s)		_		IE NUMBER: PAGE 17 / 19 nly one)											
IT	EMIZED DISBURSEMENTS		ategory of the	- 1-	_			,	$\overline{}$	00	_	٦.,	$\overline{}$	05		ا مم		
		Detailed S	Summary Page	- I⊢		21b 27	Н	22 28a	Н	23 28b	H	24 28c	Ш	25 29	$\vdash$	26 30b		
_	16 1 10 10						Ļ,		Ш		Ļ		LXI		Ш	300		
	y Information copied from such Reports and Statem for commercial purposes, other than using the name														s 			
Λ	NAME OF COMMITTEE (In Full)																	
$\backslash$	National Italian American Political Action C	ommittee																
	Full Name (Last, First, Middle Initial)						Ι.	Trans	acti	on ID	· S	B29.7	715					
A.	FRIENDS OF FARNESE							Date o	of Di	sburs	em	nent			V/			
	Mailing Address 1420 LOCUST STREET SUITE 20R							8 <sup>M</sup> 0	М		2 2		Ž	0 ŏ 7	, '			
	<i>y</i>	State PA	Zip Code 19102					Amou	nt of	f Each	n D	isburse	ment this Period					
	Purpose of Disbursement CONTRIBUTION							200.00										
	Candidate Name			Cat	egor ype	y/												
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General Cify) ▼															
	Full Name (Last, First, Middle Initial)							Trans	acti	on ID	: S	B29.7	705					
B.	SBARRO HEALTH RESEARCH ORGANIZ	ATION						Date of	of Di	sburs	em	nent						
	Mailing Address 1900 N 12TH STREET, S	SUITE 333						o <sup>M</sup> 9	М	D 2	2 6	/ Y	ž	o ŏ 7	, <sup>Y</sup>			
	<i>y</i>	State PA	Zip Code 19122					Amou	nt of	f Each	n D	isburse	-			od		
	Purpose of Disbursement DONATION							L.						250.	00			
	Candidate Name			Cate	egor ype	y/												
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General															
	State: District:																	

CURTOTAL of Diskurs are arts. This Days (artisass)		450.00
SUBTOTAL of Disbursements This Page (optional)		100100
		450.00
TOTAL This Period (last page this line number only)	•	450.00

### SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 18 / 19
FOR LINE 13 OF FORM 3X

OANS		Detailed Sum		. 0.1 22	
NAME OF COMMITTEE (In Full) National Italian American Political Action Co	ommittee		Tuonooti	ion ID: SC/10	1201
LOAN SOURCE Full Name (Last, First, Middle AMATO BERARDI  Mailing Address 555 E. CITY LINA AVE.	e Initial)			ion ID: SC/10. ction: Primary General Other (specify)	
City BALA CYNWYD	State PA ZIP Cod	le 19004			
Original Amount of Loan	Cumulative Payment To	Date	Balance O	utstanding at Cl	ose of This Period
7500.00		0.00			7500.00
TERMS  Date Incurred  M M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Date Due		Interest Rate	% (apr)	Secured:  Yes X No
List All Endorsers or Guarantors (if any) to Loan Full Name (Last, First, Middle Initial)	Source	Name of Employ	ver		
Mailing Address		Occupation  Amount			
City State	ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employ	/er		
Mailing Address		Occupation  Amount			
City State	ZIP Code	Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Employ	/er		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:	1 1 1		
Full Name (Last, First, Middle Initial)		Name of Employ	/er		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)		_	0 0	1 1 1	7500.00
TOTALS This Period (last page in this line only) .		<b>)</b>			
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If no Sche	dule D, carry forw	ard to appropra	aite line of Sumn	nary.

# SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 19 / 19 FOR LINE 13 OF FORM 3X

LOANS		Detailed Sur			
NAME OF COMMITTEE (In Full) National Italian American Political Action C	Committee				
LOAN SOURCE Full Name (Last, First, Mide Amato Berardi	dle Initial)			ion ID: SC/10.42 ction: Primary General	71
Mailing Address 555 City Line Ave, Suite 77	70			Other (specify)	•
City Bala Cynwyd	State PA ZIP C				
Original Amount of Loan	Cumulative Payment T	o Date	Balance O	outstanding at Close	e of This Period
2500.00		0.00	_		2500.00
Date Incurred	Date Due		Interest Rate	S	Secured:
03 17 2001				% (apr)	Yes X No
List All Endorsers or Guarantors (if any) to Loan Full Name (Last, First, Middle Initial)	n Source	Name of Emplo	oyer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
Full Name (Last, First, Middle Initial)		Name of Emplo	yer		
Mailing Address		Occupation			
City State	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)		i		0 0 0 0	2500.00
TOTALS This Period (last page in this line only)			•		10000.00
Carry outstanding balance only to LINE 3, Schedu	le D, for this line. If no Sc	hedule D, carry for	ward to appropra	aite line of Summar	у.