



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
National Italian American Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

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 .....	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								
7. Total Disbursements (from Line 31) .....	5963.55	112467.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38005.19	38005.19								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	10000.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
National Italian American Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	9

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	1775.00	87473.60
(i) Itemized (use Schedule A) .....	2125.00	10945.00
(ii) Unitemized .....	3900.00	98418.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	100.00	6125.00
(c) Other Political Committees (such as PACs) .....	4000.00	104543.60
(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.) .....	56.84	128.18
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)) .....	4056.84	104671.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4056.84	104671.78

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	5513.55	87367.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5513.55	87367.62
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 .....	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
29. Other Disbursements.....	450.00	16375.00
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))..	5963.55	112467.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	5963.55	112467.62

**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 .....	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

**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 / 19
	<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)  
Michael Carron

Mailing Address 65 Forge Mountain Dr.

City State Zip Code  
Phoenixville PA 19460

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

Name of Employer Occupation  
Continental Realty, Inc. Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2007

Transaction ID: SA11A1.7677

Amount of Each Receipt this Period  
150.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
ANTHONY DI SANDRO

Mailing Address 205 MC CLURE DRIVE

City State Zip Code  
BLUE BELL PA 19422

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

Name of Employer Occupation  
FIRST PENN BANK EXECUTIVE

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2007

Transaction ID: SA11A1.7675

Amount of Each Receipt this Period  
400.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Domenico Gambone

Mailing Address 3111 Mill Road

City State Zip Code  
Norristown PA 19403

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

Name of Employer Occupation  
Self Employed Bakery Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2007

Transaction ID: SA11A1.7661

Amount of Each Receipt this Period  
400.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	950.00
<b>TOTAL</b> 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 / 19
	<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) <b>A.</b> Law Offices of Vincent B. Mancini & Associates		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 414 E. Baltimore Ave.		<b>Transaction ID:</b> SA11A1.7667	
City State Zip Code Media PA 19063	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Partnership Attrib to Mancini		
Name of Employer Occupation 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>B.</b> Vincent B. Mancini		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 173 Dam View Road		<b>Transaction ID:</b> SA11A1.7667.0	
City State Zip Code Media PA 19063	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Attrib from Law Offices of V. Mancini		
Name of Employer Occupation Self Employed Attorney	Aggregate Year-to-Date ▼ 1390.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>		

Full Name (Last, First, Middle Initial) <b>C.</b> MARIO MELE		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2007	
Mailing Address 1240 PINETOWN ROAD		<b>Transaction ID:</b> SA11A1.7663	
City State Zip Code FT. WASHINGTON PA 19034	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>	Contribution		
Name of Employer Occupation FIDELIO INSURANCE CO. EXECUTIVE	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	500.00
<b>TOTAL</b> 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 8 / 19
	(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

**A.** Full Name (Last, First, Middle Initial)  
Jayme Morano

Mailing Address 508 E. Lackawanna Ave.

City State Zip Code  
Olyphant PA 18447

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

Name of Employer  
Lackawanna County Govern-ment

Occupation  
Director of Buildings & Grounds

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 06 / 2007

Transaction ID: SA11A1.7641

Amount of Each Receipt this Period  
175.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Joseph P. Stampone

Mailing Address 1390 Tanglewood Drive

City State Zip Code  
North Wales PA 19454

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

Name of Employer  
Stampone, D'Angelo & Renzi

Occupation  
Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3975.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 14 / 2007

Transaction ID: SA11A1.7669

Amount of Each Receipt this Period  
150.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	325.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1775.00



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 19
	(check only one)	
<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)  
Committee to Elect Mayor Joseph DiGirolamo

Mailing Address 3982 Grace Ave.

City	State	Zip Code
Bensalem	PA	19020

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

Name of Employer Bensalem Township	Occupation
---------------------------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	0	7

Transaction ID: SA11C.7655

Amount of Each Receipt this Period  
100.00

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	100.00

# 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) <b>A. BANKCARD/CONESTOGA BANK</b>		<b>Transaction ID:</b> SB21B.7681
Mailing Address 1835 MARKET ST		Date of Disbursement MM / DD / YYYY 07 / 02 / 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		
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>B. BANKCARD/CONESTOGA BANK</b>		<b>Transaction ID:</b> SB21B.7682
Mailing Address 1835 MARKET ST		Date of Disbursement MM / DD / YYYY 07 / 03 / 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		
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>C. BANKCARD/CONESTOGA BANK</b>		<b>Transaction ID:</b> SB21B.7685
Mailing Address 1835 MARKET ST		Date of Disbursement MM / DD / YYYY 07 / 11 / 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		
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="174.95"/>
<b>TOTAL</b> 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) <b>A. BANKCARD/CONESTOGA BANK</b>		<b>Transaction ID:</b> SB21B.7690
Mailing Address 1835 MARKET ST		Date of Disbursement 08 / 02 / 2007
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement MERCHANT CREDIT CARD FEES	Amount of Each Disbursement this Period 25.00	
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>B. BANKCARD/CONESTOGA BANK</b>		<b>Transaction ID:</b> SB21B.7691
Mailing Address 1835 MARKET ST		Date of Disbursement 08 / 02 / 2007
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement MERCHANT CREDIT CARD FEES	Amount of Each Disbursement this Period 115.00	
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>C. BANKCARD/CONESTOGA BANK</b>		<b>Transaction ID:</b> SB21B.7694
Mailing Address 1835 MARKET ST		Date of Disbursement 08 / 09 / 2007
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement MERCHANT CREDIT CARD FEES	Amount of Each Disbursement this Period 3.07	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>143.07</b>
<b>TOTAL</b> 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 12 / 19

<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) <b>A. BANKCARD/CONESTOGA BANK</b>		Transaction ID: SB21B.7712 Date of Disbursement																					
Mailing Address 1835 MARKET ST		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	8		1	0		2	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>B. BANKCARD/CONESTOGA BANK</b>		Transaction ID: SB21B.7699 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>9</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	4		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	4		2	0	7															
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement MERCHANT CREDIT CARD FEES		Category/ Type	25.00																				
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) <b>C. BANKCARD/CONESTOGA BANK</b>		Transaction ID: SB21B.7700 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>9</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	5		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y														
0	9		0	5		2	0	7															
City PHILADELPHIA	State PA	Zip Code 19103	Amount of Each Disbursement this Period																				
Purpose of Disbursement MERCHANT CREDIT CARD FEES		Category/ Type	112.55																				
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:																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	172.50
<b>TOTAL</b> 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) <b>A. BANKCARD/CONESTOGA BANK</b>		<b>Transaction ID:</b> SB21B.7702
Mailing Address 1835 MARKET ST		Date of Disbursement 09 / 11 / 2007
City PHILADELPHIA	State PA	Zip Code 19103
Purpose of Disbursement MERCHANT CREDIT CARD FEES	Amount of Each Disbursement this Period 34.95	
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>B. CHRISTO CONSULTING</b>		<b>Transaction ID:</b> SB21B.7686
Mailing Address 292 Main St. Suite 331		Date of Disbursement 07 / 30 / 2007
City Harleysville	State PA	Zip Code 19438
Purpose of Disbursement WEB DESIGN & MAINTENANCE	Amount of Each Disbursement this Period 19.95	
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>C. CHRISTO CONSULTING</b>		<b>Transaction ID:</b> SB21B.7687
Mailing Address 292 Main St. Suite 331		Date of Disbursement 07 / 30 / 2007
City Harleysville	State PA	Zip Code 19438
Purpose of Disbursement WEB DESIGN & MAINTENANCE	Amount of Each Disbursement this Period 49.95	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>104.85</b>
<b>TOTAL</b> 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) <b>A. CHRISTO CONSULTING</b>		<b>Transaction ID: SB21B.7688</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address 292 Main St. Suite 331		Amount of Each Disbursement this Period 225.00
City Harleysville State PA Zip Code 19438		
Purpose of Disbursement WEB DESIGN & MAINTENANCE		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>B. CHRISTO CONSULTING</b>		<b>Transaction ID: SB21B.7689</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 7
Mailing Address 292 Main St. Suite 331		Amount of Each Disbursement this Period 104.98
City Harleysville State PA Zip Code 19438		
Purpose of Disbursement WEB DESIGN & MAINTENANCE		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>C. CHRISTO CONSULTING</b>		<b>Transaction ID: SB21B.7695</b> Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 7
Mailing Address 292 Main St. Suite 331		Amount of Each Disbursement this Period 225.00
City Harleysville State PA Zip Code 19438		
Purpose of Disbursement WEB DESIGN & MAINTENANCE		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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	554.98
<b>TOTAL</b> 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) <b>A. Philadelphia Public Record</b>		<b>Transaction ID:</b> SB21B.7707 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 1330 W. Ritner St.		Amount of Each Disbursement this Period 235.00
City Philadelphia State PA Zip Code 19148	Purpose of Disbursement PAC ADVERTISING 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. PRIESTLY PRINTERS</b>		<b>Transaction ID:</b> SB21B.7703 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 7
Mailing Address 233-45 N. JUNIPER ST		Amount of Each Disbursement this Period 1305.40
City PHILADELPHIA State PA Zip Code 19107	Purpose of Disbursement PAC STATIONARY PRINTING 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. UTA ASSOCIATES</b>		<b>Transaction ID:</b> SB21B.7697 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 7
Mailing Address 1205 LOCUST ST SUITE 100		Amount of Each Disbursement this Period 1250.00
City PHILADELPHIA State PA Zip Code 19107	Purpose of Disbursement COMPENSATION FOR FUNDRAISING SVCS 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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2790.40
<b>TOTAL</b> 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.** UTA ASSOCIATES

Mailing Address 1205 LOCUST ST  
SUITE 100

City PHILADELPHIA State PA Zip Code 19107

Purpose of Disbursement  
COMPENSATION FOR FUNDRAISING SVCS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.7698

Date of Disbursement

08 / 31 / 2007

Amount of Each Disbursement this Period

1250.00

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

1250.00

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

5190.75



**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) <b>A. FRIENDS OF FARNESE</b>		<b>Transaction ID: SB29.7715</b> Date of Disbursement
Mailing Address 1420 LOCUST STREET SUITE 20R		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
City PHILADELPHIA	State PA	Zip Code 19102
Purpose of Disbursement CONTRIBUTION	<input type="text" value="200.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SBARRO HEALTH RESEARCH ORGANIZATION</b>		<b>Transaction ID: SB29.7705</b> Date of Disbursement
Mailing Address 1900 N 12TH STREET, SUITE 333		<input type="text" value="09"/> / <input type="text" value="26"/> / <input type="text" value="2007"/>
City PHILADELPHIA	State PA	Zip Code 19122
Purpose of Disbursement DONATION	<input type="text" value="250.00"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

**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

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: _____

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>7500.00</b>
<b>TOTALS</b> 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:

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"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	<b>2500.00</b>
<b>TOTALS</b> This Period (last page in this line only) .....	<b>10000.00</b>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.