

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Italian American Political Action Committee

ADDRESS (number and street) 205 Pennsylvania Avenue, SE  
 Check if different than previously reported. (ACC)  
Washington DC 20003

2. **FEC IDENTIFICATION NUMBER** C00355388  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2009 through 12 31 2009

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 Mr. Joseph A. Auteri

Signature of Treasurer Electronically Filed by Mr. Joseph A. Auteri Date 01 29 2010

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 Use Only **FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Italian American Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		26119.97
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	21129.59									
(c) Total Receipts (from Line 19) .....	7768.07	90232.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	28897.66	116352.79								
7. Total Disbursements (from Line 31) .....	19317.09	106772.22								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	9580.57	9580.57								
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

Write or Type Committee Name  
National Italian American Political Action Committee

Report Covering the Period: From:    To:

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		
(i) Itemized (use Schedule A) .....	6775.00	70975.00
(ii) Unitemized .....	925.00	8935.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7700.00	79910.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	9600.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	7700.00	89510.00
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	651.59
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	68.07	71.23
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)) .....	7768.07	90232.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7768.07	90232.82

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	9669.16	94174.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	9669.16	94174.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	1050.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	9607.00	9607.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	9607.00	10657.00
29. Other Disbursements.....	40.93	1940.93
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))..	19317.09	106772.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19317.09	106772.22

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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 .....	7700.00	89510.00
34. Total Contribution Refunds (from Line 28(d)) .....	9607.00	10657.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	-1907.00	78853.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9669.16	94174.29
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	651.59
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9669.16	93522.70

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 31  
(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

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)  
Ms. Barbara J. Augustine

Mailing Address 595 Main Street  
Suite 100

City State Zip Code  
Schwenksville PA 19473-1010

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

Name of Employer Occupation  
Golf Outing Productions Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3850.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** ACA2863553F05464C89F

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph A. Auteri

Mailing Address 2515 Garrett Road

City State Zip Code  
Drexel Hill PA 19026-1010

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

Name of Employer Occupation  
Berardi, Auteri & Assoc Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** A6EA6D5BC13714666809

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph A. Auteri

Mailing Address 2515 Garrett Road

City State Zip Code  
Drexel Hill PA 19026-1010

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

Name of Employer Occupation  
Berardi, Auteri & Assoc Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** AC0C1284EB0D04B9EAAF

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 31
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph A. Auteri	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 2515 Garrett Road	<b>Transaction ID:</b> AE92CC76F0B444A3FB9C
	City Drexel Hill State PA Zip Code 19026-1010	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Berardi, Auteri & Assoc Occupation Financial Advisor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1600.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Mildred L. Banks	Date of Receipt MM / DD / YYYY 07 / 15 / 2009
	Mailing Address 1518 N. 61st Street	<b>Transaction ID:</b> AEA3AE1C2F0824F869CC
	City Philadelphia State PA Zip Code 19151-4220	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Vincent B. Mancini, Esq.	Date of Receipt MM / DD / YYYY 10 / 23 / 2009
	Mailing Address 414 E. Baltimore Pike	<b>Transaction ID:</b> A2EF6BA6A9DEE4BF984C
	City Media State PA Zip Code 19063-3808	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	Partnership Attribution
	Name of Employer Self-employed Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Anthony S. DiSandro, Sr.  
Mailing Address 205 McClure Drive

City State Zip Code  
Blue Bell PA 19422-2833

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

Name of Employer Occupation  
Stevens & Lee PC Shareholder

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 725.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** ACA0D72613F6E4D4AA44

Amount of Each Receipt this Period  
225.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Anthony S. DiSandro, Sr.  
Mailing Address 205 McClure Drive

City State Zip Code  
Blue Bell PA 19422-2833

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

Name of Employer Occupation  
Stevens & Lee PC Shareholder

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 875.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 9 / 2 0 0 9

**Transaction ID:** AD6DF628B69E74D99B12

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Law Offices of Vincent B. Mancini & Associates  
Mailing Address 414 E. Baltimore Pike

City State Zip Code  
Media PA 19063-3808

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

Name of Employer Occupation  
Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 9

**Transaction ID:** AF75C95D7E9E6486FB16

Amount of Each Receipt this Period  
150.00

Partnership Contribution to be Attributed

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **525.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 31  
(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)  
Anthony Motolese

Mailing Address 460 Egg Harbor Road

City State Zip Code  
Blackwood NJ 08012-2112

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt: 09 / 21 / 2009  
Transaction ID: A0151FA2AC2F44E26B51  
Amount of Each Receipt this Period: 2200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Luci Patalano

Mailing Address 4 logan Drive

City State Zip Code  
Cherry Hill NJ 08034-1734

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 23 / 2009  
Transaction ID: AD2EC6117B7754F3FA92  
Amount of Each Receipt this Period: 75.00

**C.** Full Name (Last, First, Middle Initial)  
Gina Petrongolo

Mailing Address 193 Lacosta Drive

City State Zip Code  
Blackwood NJ 08012-5547

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

Name of Employer N/A Occupation AP Construction

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: 07 / 13 / 2009  
Transaction ID: A7BD763658B324BCCA8E  
Amount of Each Receipt this Period: 2100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4375.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 31
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Dean Picciotti		Date of Receipt		
	Mailing Address 1530 Locust Street Suite 2B		M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9		
	City Philadelphia	State PA	Zip Code 19102-4436	<b>Transaction ID:</b> A31DA2C968BCE480C9AF	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 225.00		
	Name of Employer Lex Tech Holdings	Occupation Information Requested	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Joseph A. Scandone		Date of Receipt		
	Mailing Address 1297 Sumner Way		M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9		
	City West Chester	State PA	Zip Code 19382-8263	<b>Transaction ID:</b> A19F472E58669476EA70	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00		
	Name of Employer Self Employed	Occupation Self-employed	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph P. Stampone, Esq.		Date of Receipt		
	Mailing Address 500 Cottman Avenue		M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 9		
	City Cheltenham	State PA	Zip Code 19012-2009	<b>Transaction ID:</b> ABE9121DE46744D20AD8	
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00		
	Name of Employer Stampone, D'angelo & Renzi	Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 31  
(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)  
Ms. Carol Tamburino

Mailing Address 11 Penn Center  
1835 Market St 21st FL

City Philadelphia State PA Zip Code 19103-2968

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

Name of Employer Turner Construction Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 0 / 2 3 / 2 0 0 9

Transaction ID: AB466A8B0B2E44878989

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6775.00

# 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)

PAGE 12 / 31

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Aristotle International <hr/> Mailing Address 205 Pennsylvania Ave., SE <hr/> City Washington State DC Zip Code 20003-1164 Purpose of Disbursement June Payment Candidate Name <hr/> 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) ▼	Transaction ID: B6C988ED1DC60418B9BF Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 2425.00 Category/Type
<b>B.</b> Full Name (Last, First, Middle Initial) Aristotle International <hr/> Mailing Address 205 Pennsylvania Ave., SE <hr/> City Washington State DC Zip Code 20003-1164 Purpose of Disbursement March Invoice Candidate Name <hr/> 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) ▼	Transaction ID: BEC62FBFC615849148D6 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1818.97 Category/Type
<b>C.</b> Full Name (Last, First, Middle Initial) Aristotle International <hr/> Mailing Address 205 Pennsylvania Ave., SE <hr/> City Washington State DC Zip Code 20003-1164 Purpose of Disbursement Credit Card Processing Fee Candidate Name <hr/> 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) ▼	Transaction ID: B65B62B4FC8B4458AB65 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 837.00 Category/Type

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

5080.97

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Aristotle International</p> <p>Mailing Address 205 Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B55979D5388D647E5909</p> <p>Date of Disbursement 08 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 2.75</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Aristotle International</p> <p>Mailing Address 205 Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B45CACA270C5145E5831</p> <p>Date of Disbursement 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Aristotle International</p> <p>Mailing Address 205 Pennsylvania Ave., SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B891CEEAAF19B4D7591A</p> <p>Date of Disbursement 12 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>22.75</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

**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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cardworks Acquiring</p> <p>Mailing Address 101 Crossways Park West</p> <p>City Woodbury State NY Zip Code 11797</p> <p>Purpose of Disbursement Merchant Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BFBE253E5AF76411E869</p> <p>Date of Disbursement 07 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 75.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cardworks Acquiring</p> <p>Mailing Address 101 Crossways Park West</p> <p>City Woodbury State NY Zip Code 11797</p> <p>Purpose of Disbursement Merchant Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B25D87A0E2D6C4088963</p> <p>Date of Disbursement 07 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cardworks Acquiring</p> <p>Mailing Address 101 Crossways Park West</p> <p>City Woodbury State NY Zip Code 11797</p> <p>Purpose of Disbursement Merchant Credit Card Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4A855AF0CDDD40CD99E</p> <p>Date of Disbursement 08 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 75.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	250.00
<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

<b>A.</b> Full Name (Last, First, Middle Initial) Cardworks Acquiring <hr/> Mailing Address 101 Crossways Park West <hr/> City Woodbury State NY Zip Code 11797 <hr/> Purpose of Disbursement Merchant Bankcard Fees Candidate Name <hr/> 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) ▼	Transaction ID: B0BF44340205E459985A Date of Disbursement 09 / 02 / 2009
	Amount of Each Disbursement this Period 75.00
	Category/Type
	(Empty box for Category/Type)
<b>B.</b> Full Name (Last, First, Middle Initial) Cardworks Acquiring <hr/> Mailing Address 101 Crossways Park West <hr/> City Woodbury State NY Zip Code 11797 <hr/> Purpose of Disbursement Merchant Credit Card Fee Candidate Name <hr/> 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) ▼	Transaction ID: BD9DDC97FBD00433B97E Date of Disbursement 10 / 02 / 2009
	Amount of Each Disbursement this Period 75.00
	Category/Type
	(Empty box for Category/Type)
<b>C.</b> Full Name (Last, First, Middle Initial) Cardworks Acquiring <hr/> Mailing Address 101 Crossways Park West <hr/> City Woodbury State NY Zip Code 11797 <hr/> Purpose of Disbursement Merchant Credit Card Fee Candidate Name <hr/> 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) ▼	Transaction ID: B603D5201D8F54BBA9F6 Date of Disbursement 11 / 03 / 2009
	Amount of Each Disbursement this Period 75.00
	Category/Type
	(Empty box for Category/Type)

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	225.00
<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 16 / 31

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Conestoga Bank <hr/> Mailing Address 165 POTTSTOWN PIKE <hr/> City Chester Springs State PA Zip Code 19425-9518 <hr/> Purpose of Disbursement Merchant Bank Card Fee Candidate Name <hr/> 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) ▼	Transaction ID: BB92E6E91AE0A4A48974 Date of Disbursement 10 / 01 / 2009
	Amount of Each Disbursement this Period 25.00

<b>B.</b> Full Name (Last, First, Middle Initial) Conestoga Bank <hr/> Mailing Address 165 POTTSTOWN PIKE <hr/> City Chester Springs State PA Zip Code 19425-9518 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> 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) ▼	Transaction ID: BAADA7E2C97634C48A2C Date of Disbursement 10 / 13 / 2009
	Amount of Each Disbursement this Period 35.00

<b>C.</b> Full Name (Last, First, Middle Initial) Conestoga Bank <hr/> Mailing Address 165 POTTSTOWN PIKE <hr/> City Chester Springs State PA Zip Code 19425-9518 <hr/> Purpose of Disbursement Merchant Bank Card Fee Candidate Name <hr/> 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) ▼	Transaction ID: B7ECA461783B5474CAE1 Date of Disbursement 10 / 13 / 2009
	Amount of Each Disbursement this Period 34.95

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	94.95
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**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

A.	Full Name (Last, First, Middle Initial) Conestoga Bank	Transaction ID: BBEA2222F826C4D3D889
	Mailing Address 165 POTTSTOWN PIKE	Date of Disbursement 10 / 31 / 2009
	City Chester Springs State PA Zip Code 19425-9518	Amount of Each Disbursement this Period 8.00
	Purpose of Disbursement Bank Service Charge	Category/Type
	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.	Full Name (Last, First, Middle Initial) Conestoga Bank	Transaction ID: B35FFB33FAA80476187D
	Mailing Address 165 POTTSTOWN PIKE	Date of Disbursement 11 / 02 / 2009
	City Chester Springs State PA Zip Code 19425-9518	Amount of Each Disbursement this Period 25.00
	Purpose of Disbursement Merchant Bankcard Fee	Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) Conestoga Bank	Transaction ID: B23260DF853304FA9A3F
	Mailing Address 165 POTTSTOWN PIKE	Date of Disbursement 11 / 02 / 2009
	City Chester Springs State PA Zip Code 19425-9518	Amount of Each Disbursement this Period 35.00
	Purpose of Disbursement Bank Service Charge	Category/Type
	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) .....	<b>68.00</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 18 / 31

<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

A.	Full Name (Last, First, Middle Initial) Conestoga Bank	Transaction ID: BBC6F5553FD874B4C9AE
	Mailing Address 165 POTTSTOWN PIKE	Date of Disbursement MM / DD / YYYY 11 / 03 / 2009
	City Chester Springs State PA Zip Code 19425-9518	Amount of Each Disbursement this Period 35.00
	Purpose of Disbursement Bank Service Charge	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.	Full Name (Last, First, Middle Initial) Conestoga Bank	Transaction ID: BF099B70773D841AB9A7
	Mailing Address 165 POTTSTOWN PIKE	Date of Disbursement MM / DD / YYYY 11 / 03 / 2009
	City Chester Springs State PA Zip Code 19425-9518	Amount of Each Disbursement this Period 35.00
	Purpose of Disbursement Bank Service Charge	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) ▼

C.	Full Name (Last, First, Middle Initial) Conestoga Bank	Transaction ID: B9784BC4496BB446A981
	Mailing Address 165 POTTSTOWN PIKE	Date of Disbursement MM / DD / YYYY 11 / 03 / 2009
	City Chester Springs State PA Zip Code 19425-9518	Amount of Each Disbursement this Period 35.00
	Purpose of Disbursement Bank Service Charge	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) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **105.00**

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 19 / 31

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Conestoga Bank</p> <p>Mailing Address 165 POTTSTOWN PIKE</p> <p>City Chester Springs State PA Zip Code 19425-9518</p> <p>Purpose of Disbursement Merchant Bankcard Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA981826FF03F4EDFB6B</p> <p>Date of Disbursement</p> <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>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">50.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	9	50.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	4	/	2	0	0	9													
50.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) Conestoga Bank</p> <p>Mailing Address 165 POTTSTOWN PIKE</p> <p>City Chester Springs State PA Zip Code 19425-9518</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD93779BDA3BE4853836</p> <p>Date of Disbursement</p> <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>1</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">35.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	0	4	/	2	0	0	9	35.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	0	4	/	2	0	0	9													
35.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) Conestoga Bank</p> <p>Mailing Address 165 POTTSTOWN PIKE</p> <p>City Chester Springs State PA Zip Code 19425-9518</p> <p>Purpose of Disbursement Merchant Bankcard Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B4FEE1832EA054519BD6</p> <p>Date of Disbursement</p> <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>1</td><td>1</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">34.95</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	0	/	2	0	0	9	34.95
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	0	/	2	0	0	9													
34.95																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>119.95</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 20 / 31

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Conestoga Bank <hr/> Mailing Address 165 POTTSTOWN PIKE <hr/> City Chester Springs State PA Zip Code 19425-9518 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> 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) ▼	Transaction ID: B5643F975DD1243D7983 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 35.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Conestoga Bank <hr/> Mailing Address 165 POTTSTOWN PIKE <hr/> City Chester Springs State PA Zip Code 19425-9518 <hr/> Purpose of Disbursement Bank Service Charge Candidate Name <hr/> 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) ▼	Transaction ID: B2390144FEF3E43FE906 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 8.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Discover Merchant Services <hr/> Mailing Address 2500 Lake Cook Rd. <hr/> City Riverwood State IL Zip Code 60015 <hr/> Purpose of Disbursement Merchant Creditcard Fees Candidate Name <hr/> 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) ▼	Transaction ID: B63FAF0E5E8234FD7B35 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 35.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	78.00
<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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Discover Merchant Services</p> <p>Mailing Address 2500 Lake Cook Rd.</p> <p>City Riverwood State IL Zip Code 60015</p> <p>Purpose of Disbursement Merchant Bankcard Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B1A8B40DBC8DF4A53857</p> <p>Date of Disbursement</p> <p><input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Discover Merchant Services</p> <p>Mailing Address 2500 Lake Cook Rd.</p> <p>City Riverwood State IL Zip Code 60015</p> <p>Purpose of Disbursement Merchant Bankcard Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BFC6B7C10098B42D4859</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Discover Merchant Services</p> <p>Mailing Address 2500 Lake Cook Rd.</p> <p>City Riverwood State IL Zip Code 60015</p> <p>Purpose of Disbursement Merchant Credit Card Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BF107A3FB15F748DAB22</p> <p>Date of Disbursement</p> <p><input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="35.00"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="105.00"/>
<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

A.	Full Name (Last, First, Middle Initial) Discover Merchant Services	Transaction ID: BF2CE0CAE7BE14115823
	Mailing Address 2500 Lake Cook Rd.	Date of Disbursement 11 / 03 / 2009
	City Riverwood State IL Zip Code 60015	Amount of Each Disbursement this Period 35.00
	Purpose of Disbursement Merchant Credit Card Fee	Category/Type
	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.	Full Name (Last, First, Middle Initial) La Collina	Transaction ID: B796E2B640BB44D2792A
	Mailing Address 37-41 ASHLAND AVE.	Date of Disbursement 07 / 01 / 2009
	City BELMONT HILLS State PA Zip Code 19004	Amount of Each Disbursement this Period 168.45
	Purpose of Disbursement Meeting Expenses	Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) La Collina	Transaction ID: B47F3CED49BEC443D92C
	Mailing Address 37-41 ASHLAND AVE.	Date of Disbursement 07 / 01 / 2009
	City BELMONT HILLS State PA Zip Code 19004	Amount of Each Disbursement this Period 44.00
	Purpose of Disbursement Meeting Expenses	Category/Type
	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) .....	247.45
<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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) La Collina</p> <p>Mailing Address 37-41 ASHLAND AVE.</p> <p>City BELMONT HILLS State PA Zip Code 19004</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BD981303B837A4DC69C2</p> <p>Date of Disbursement</p> <p><input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="254.70"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) La Collina</p> <p>Mailing Address 37-41 ASHLAND AVE.</p> <p>City BELMONT HILLS State PA Zip Code 19004</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B616268C9D0FB4EC29DD</p> <p>Date of Disbursement</p> <p><input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="169.75"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) La Collina</p> <p>Mailing Address 37-41 ASHLAND AVE.</p> <p>City BELMONT HILLS State PA Zip Code 19004</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BF4BA60B4421D4F75BAE</p> <p>Date of Disbursement</p> <p><input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="622.50"/></p>

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

PAGE 24 / 31

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Positano Coast</p> <p>Mailing Address 212 Walnut Street Second Floor</p> <p>City Philadelphia State PA Zip Code 19106</p> <p>Purpose of Disbursement Meeting Expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCCF954B16791416086B</p> <p>Date of Disbursement 10 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 1325.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 1044 Market St.</p> <p>City Philadelphia State PA Zip Code 19107-4205</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8EB1721253604F2BAD3</p> <p>Date of Disbursement 07 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 201.04</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 1044 Market St.</p> <p>City Philadelphia State PA Zip Code 19107-4205</p> <p>Purpose of Disbursement Office Supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BFFDFFF24E61E479FBA1</p> <p>Date of Disbursement 07 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 167.04</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1693.08
<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 25 / 31

<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

A.

Full Name (Last, First, Middle Initial)  
Uta Associates

Transaction ID: BBC40DB4F809E47BAA19

Date of Disbursement

Mailing Address 1205 LOCUST ST  
SUITE 100

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	0	9

City PHILADELPHIA State PA Zip Code 19107

Amount of Each Disbursement this Period

286.21
--------

Purpose of Disbursement  
Expense Reimbursement- Postage

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

286.21
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TOTAL This Period (last page this line number only) ..... ►

9423.31
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**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 26 / 31

<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 checked="" 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) BAIPAC</p> <p>Mailing Address 2129 E High Street</p> <p>City Pottstown State PA Zip Code 19464</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCED71766F43D4223B93</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Cement Masons Local #592 Pac</p> <p>Mailing Address 2511 Snyder Avenue</p> <p>City Philadelphia State PA Zip Code 19145</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BDE97D5975553468090A</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Mayor Joseph Digirolamo</p> <p>Mailing Address 3982 Grace Avenue</p> <p>City Bensalem State PA Zip Code 19020</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B89F865FAE16C4E7698A</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>1050.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# 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 checked="" 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Farnese</p> <p>Mailing Address 1420 Locust Street Unit 29-D</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BDF5248B4B36C429B82A</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 875.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Jim Matthews</p> <p>Mailing Address 115 W. GERMANTOWN PIKE</p> <p>City NORRISTOWN State PA Zip Code 19401</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BAEBA2E95660A48A695D</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Mario Civera</p> <p>Mailing Address PO Box 682</p> <p>City Pilgrim Gardens State PA Zip Code 19026</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B920CEDCEB8004F89B45</p> <p>Date of Disbursement 09 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 4207.00</p>

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

5432.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 31

<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 checked="" 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Saidel</p> <p>Mailing Address 1530 Chestnut St. Suite 500</p> <p>City Philadelphia State PA Zip Code 19102</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B95E3A6A268614798A0A</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 175.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends to Elect Christine M. Tartaglione</p> <p>Mailing Address P.O. Box 52153</p> <p>City Philadelphia State PA Zip Code 19115</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BE9B02745672B42CBB9C</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) IUOE Local 542 Political Action Fund</p> <p>Mailing Address 1375 Virginia Drive Suite 100</p> <p>City Fort Washington State PA Zip Code 19034</p> <p>Purpose of Disbursement Refund of Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BC6ADC51DE32A4CC984E</p> <p>Date of Disbursement 10 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 350.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1225.00
<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)

<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 checked="" 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

A.	Full Name (Last, First, Middle Initial) Peco Pac  Mailing Address 2301 Market St. PO Box 8699  City Philadelphia State PA Zip Code 19101-8699  Purpose of Disbursement Refund of Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB88241A064384A108DE Date of Disbursement 10 / 30 / 2009  Amount of Each Disbursement this Period 350.00
B.	Full Name (Last, First, Middle Initial) Pennsylvania Realtors PAC  Mailing Address 4501 Chambers Hill Road  City Harrisburg State PA Zip Code 17111  Purpose of Disbursement Refund of Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BD0EC60DEF5DE422C97F Date of Disbursement 10 / 30 / 2009  Amount of Each Disbursement this Period 1400.00
C.	Full Name (Last, First, Middle Initial) Reinforced Iron Workers Riggers & Machin  Mailing Address Local Union #45 2433 Reed St.  City Philadelphia State PA Zip Code 19146  Purpose of Disbursement Refund of Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B9900BEA36B2A43E4B5E Date of Disbursement 10 / 30 / 2009  Amount of Each Disbursement this Period 150.00

SUBTOTAL of Disbursements This Page (optional) .....	1900.00
TOTAL This Period (last page this line number only) .....	9607.00

**SCHEDULE C (FEC Form 3X)**

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

FOR LINE 13 OF FORM 3X

**LOANS**

NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

Transaction ID: C3187E5A628C743228E0

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Cav. Amato L. Berardi

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 555 East City Line Ave.  
Suite 770

City Bala Cynwyd State PA ZIP Code 19004-1115

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

**TERMS**

Date Incurred: M M 03 D D 17 Y Y Y Y 2001  
 Date Due: \_\_\_\_\_ Interest Rate: None % (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) .....	▶ 2500.00
<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)

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

FOR LINE 13 OF FORM 3X

## LOANS

NAME OF COMMITTEE (In Full)  
National Italian American Political Action Committee

Transaction ID: C654E5658AE49426EABD

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
Cav. Amato L. Berardi

Election:  
 Primary  
 General  
 Other (specify) ▼

Mailing Address 555 East City Line Ave.  
Suite 770

City Bala Cynwyd State PA ZIP Code 19004-1115

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7500.00	0.00	7500.00

### TERMS

Date Incurred: M M 06 D D 15 Y Y Y Y 2001  
 Date Due: \_\_\_\_\_ Interest Rate: None % (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) .....	7500.00
<b>TOTALS</b> This Period (last page in this line only) .....	10000.00

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