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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Italian American Political Action Committee 1205 Locust Street ADDRESS (number and street) Suite 100 Check if different than previously Philadelphia PA 19107 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00355388 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2006 06 30 2006 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. JOSEPH A. AUTERI Type or Print Name of Treasurer Electronically Filed by JOSEPH A. AUTERI 07 15 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

FEC Form 3X (Rev. 02/2003)

### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name National Italian American Political Action Committee D D " D 0 4 0 1 2006 0.6 3 0 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2006 42633.40 January 1 (b) Cash on Hand at 58127.55 Begining of Reporting Period ..... 5757.87 76660.87 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 63885.42 119294.27 6(a) and 6(c) for Column B) ..... 9515.41 64924.26 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 54370.01 54370.01 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D) ..... 0.00 10. Debts and Obligations owed the committee (Itemize all on 10000.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

National Italian American Political Action Committee

From:

Report Covering the Period:

м м 0 4 01

2006

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м м 0 6 <sup>D</sup> 3 0

2006

	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)	5500.00	59503.00
	(ii) Unitemized	200.00	7200.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	5700.00	66703.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	9900.00
	11(a)(iii),(b) and (c)) (Carry  Totals to Line 33, page 5)	5700.00	76603.00
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Ο.	to Federal candidates and Other Political Committees	0.00	0.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	57.87	57.87
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))	5757.87	76660.87
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	5757.87	76660.87

### **DETAILED SUMMARY PAGE**

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: — (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	0F1F 41	62024.26
	Expenditures(c) Total Operating Expenditures	9515.41	63924.26
	(add 21(a)(i), (a)(ii) and (b))	9515.41	63924.26
2.	Transfers to Affiliated/Other Party	0.00	0.00
3.	Committees	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
•		0.00	0.00
ь.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)(d) Total Contribution Refunds	0.00	
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	1000.00
J.	Other Dispulsements	0.00	1000.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity (from Schedule H6)		
	(i) Federal Share	0.00	0.0
	(1) W	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	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1	Total Diabura amonto (add Lines 21/a) 20		
1.	Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9515.41	64924.2
	20, 21, 20, 20, 27, 20(0), 20 and 00(0))		
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	0515.41	64004.0
	from Line 31)	9515.41	64924.20

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	5700.00	76603.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	5700.00	76603.00
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	9515.41	63924.26
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	9515.41	63924.26

## SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Italian American Political Action	Committe	ee	
A. 3.	Full Name (Last, First, Middle Initial) BARBARA AUGUSTINE  Mailing Address PO BOX 347  City SKIPPACK  FEC ID number of contributing federal political committee.  Name of Employer Golf Outing Productions  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) JOSEPH A. AUTERI  Mailing Address 2515 GARRETT ROAD	State PA  C  Occupation Owner Aggregate	Zip Code 19474	Date of Receipt  M M A A D D D A D D D D D D D D D D D D
	City  DREXEL HILL  FEC ID number of contributing federal political committee.  Name of Employer BERARDI, AUTERI & ASSOC.  Receipt For:  Primary General  Other (specify) ▼		Zip Code 19026 19026 AL PLANNER • Year-to-Date ▼	Transaction ID: SA11A1.6884  Amount of Each Receipt this Period  1200.00
<b>D.</b>	Full Name (Last, First, Middle Initial) Dr. Edwin P. Camiel Mailing Address 624 Hazelhurst Road  City Merion  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General Other (specify)	State PA  C Occupation Physician Aggregate		Date of Receipt  M M M / 24 / 2006  Transaction ID: SA11A1.6885  Amount of Each Receipt this Period
s	UBTOTAL of Receipts This Page (optional)		·····	4850.00
т	OTAL This Period (last page this line number onl	v)	<b>)</b>	

Primary

Other (specify)

General

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

PAGE 7/17 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) National Italian American Political Action Committee Full Name (Last, First, Middle Initial) JOSEPH TARANTINO Date of Receipt Mailing Address 700 W. GERMANTOWN PIKE 05 05 2006 City State Zip Code Transaction ID: SA11A1.6886 E. NORRITON PA 19403 Amount of Each Receipt this Period FEC ID number of contributing 350.00 C federal political committee. Name of Employer CONTINENTAL REALTY Occupation **EXECUTIVE** Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. CAROLE ZINGARELLI Date of Receipt Mailing Address 210 W. RITTENHOUSE SQ 06 28 2006 APT. 2603 City Zip Code Transaction ID: SA11A1.6887 State **PHILADELPHIA** PA 19103 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation **HOMEMAKER** Receipt For: Aggregate Year-to-Date ▼

300.00

SUBTOTAL of Receipts This Page (optional)	•	650.00
TOTAL This Period (last page this line number only)	<b>•</b>	5500.00

	CHEDULE B (FEC FOIII 3X)	Use seperate schedule(s)		FOR LIN (check or	E NUMBE nlv one)	R:	L	PAGE	8/1	7
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## SCHEDULE B (FEC Form 3X)

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# SCHEDULE B (FEC Form 3X)

	CHEDULE B (FEC Form 3X)		rate schedule(s)		FOR L			R:			PAC	GE 12/	17
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$\rangle$	National Italian American Political Action C	Committee											
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## SCHEDULE B (FEC Form 3X)

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$\rangle$	National Italian American Political Action C	Committee											
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٦.	LA COLLINA					D	ate of D			v · v		V	
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	State: District:												
3.	Full Name (Last, First, Middle Initial) Linke Printing								SB21B	.692	2		
	Linke Finding						ate of D			Y Y	Y	Υ	
	Mailing Address 2926 Richmond St.					L	0 6	2	6 /	2	0 Ď 6		
	,	State Zip Code PA 19134				Α	mount o	of Each	Disburs	emen	t this P	eriod	i
	Purpose of Disbursement	10101		_	-	1 L					565.5	5	
	PAC Printing & Reproduction		4										
	Candidate Name			Cate: Tyl	gory/ pe								
	Office Sought: House Disburse	ment For:			<u>'</u>								
	Senate	Primary Gen	ieral										
	President State: District:	Other (specify)											
_	Full Name (Last, First, Middle Initial)					Ti	ransact	ion ID:	SB21B	.692	:4		
j.	UTA ASSOCIATES					D	ate of D			.,			
	Mailing Address 1205 LOCUST ST SUITE 100						06	<sup>/</sup> 2	6 /	ž	0 Ď 6	<u> </u>	
		State Zip Code PA 19107				A	mount	of Each	Disburs	emen	t this P	eriod	1
	Purpose of Disbursement PAC Fundraising Commissions		П			L		_		, 2	2481.9	5	
	Candidate Name			Cate	gory/ pe								
		ment For:											
	Senate   President	Primary Gen Other (specify) ▼	ieral										
	State: District:	- (-j <del></del> )/ \											
s	UBTOTAL of Disbursements This Page (optional) .				<u> </u>					3	357.5	0	
T	OTAL This Period (last page this line number only)									•			
						-							

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE I (check only	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
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			Transaction ID: SB21B.6925 Date of Disbursement  M 6 M / D 2 6 / Y Y Y O Y 6 Y  O 6 M / D 2 6 / Y Z O O 6 Y
SUITE 100 City PHILADELPHIA	State Zip Code PA 19107		Amount of Each Disbursement this Period
Purpose of Disbursement Expense Reimbursement			1088.04
Candidate Name  Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify)	Category/ Type	
Full Name (Last, First, Middle Initial)  B. Center City Engraving & Awards, Inc.			Transaction ID: SB21B.6925.5 Date of Disbursement
Mailing Address 1206 Walnut St.			06 D 26 Y 2006
City Philadelphia Purpose of Disbursement	State Zip Code PA 19107		Amount of Each Disbursement this Period 766.00
PAC Fundraising Event Costs Candidate Name	C	Category/	
Office Sought:  House Senate President State:  Disburs	sement For: Primary General Other (specify) ▼		[MEMO ITEM]
Full Name (Last, First, Middle Initial)  C. UTA ASSOCIATES			Transaction ID: SB21B.6928 Date of Disbursement
Mailing Address 1205 LOCUST ST SUITE 100			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & G \\ Y & D & O & G \end{bmatrix}$
City PHILADELPHIA	State Zip Code PA 19107		Amount of Each Disbursement this Period
Purpose of Disbursement Expense Reimbursement		•	196.49
Candidate Name		ategory/ Type	
Office Sought: House Disburs Senate President State: District:	sement For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional	)	▶	1284.53
TOTAL This Period (last page this line number only			

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SI	CHEDULE B (FEC Form 3X)			- 1 -	001101	E NU IN 4DE	_				45.7		
	,	Use sepe		OR LINI heck or	IE NUMBER: PAGE 15 / 17								
ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		X	_	22 28a		23 28b	24 28c		25 29		26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name											S	
	NAME OF COMMITTEE (In Full)  National Italian American Political Action C	Committee											
Α.	Full Name (Last, First, Middle Initial) Verizon					Date o		sburse				Y	
	Mailing Address PO Box 17577					0 6 M / 2 6 / Y 2 0 0 6 Y						5	
		State MD	Zip Code 21297			Amount of Each Disbursement this Period							
	Purpose of Disbursement Telephone						111.21						
	Candidate Name			Cate Ty		[MEMO ITEM]							
	Office Sought:  Senate  President  State:  Disburse  Disburse	ment For: Primary Other (spe	General			[memo rrem]							
В.	Full Name (Last, First, Middle Initial) UTA ASSOCIATES					Date o	of Di	sburse					
	Mailing Address 1205 LOCUST ST SUITE 100					$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
		State PA	Zip Code 19107			Amount of Each Disbursement this Period							
	Purpose of Disbursement Consulting Fee					<u> </u>				0	90.	00	
	Candidate Name			Cate Ty	gory/ pe								
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General										

		0000
SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	90.00
		2070.00
TOTAL This Period (last page this line number only)	<b>•</b>	8873.03

District:

State:

## SCHEDULE C (FEC Form 3X) LOANS

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

PAGE 16 / 17 FOR LINE 13 OF FORM 3X

		Detailed Sur	nmary Page						
NAME OF COMMITTEE (In Full)									
National Italian American Political Action (	Committee		Transacti	on ID: SC/10.4284					
LOAN SOURCE Full Name (Last, First, Mic			ction:						
AMATO BERARDI	in i			Primary					
AIVIATO BENANDI				General					
Mailing Address 555 E. CITY LINA AVE.		Other (specify)							
City BALA CYNWYD	State PA ZIP Cod								
Original Amount of Loan	Cumulative Payment To	Date	Balance O	utstanding at Close of Thi	s Period				
7500.00		0.00		7500	.00				
TERMS									
Date Incurred	Date Due		Interest Rate	Secured	:				
0 6 1 5 2 0 0 1				□ voo	V No				
10 10 2001				% (apr) Yes	X No				
List All Endorsers or Guarantors (if any) to Loa	in Source								
Full Name (Last, First, Middle Initial)	a. Couro	Name of Emplo	over						
Tail Name (Last, First, Middle Hittal)		Traine of Emple	лоуы						
Mailing Address		Occupation							
		Amount							
City State	ZIP Code	Guaranteed							
Oily State	Zii Oode	Outstanding:							
Full Name (Last, First, Middle Initial)		Name of Emplo	pyer						
Mailing Address		Occupation							
Walling / lauress		Occupation							
		Amount							
City State	ZIP Code	Guaranteed							
Only	ZII Oode	Outstanding:							
Full Name (Last, First, Middle Initial)		Name of Emplo	wer						
i uli Name (Last, First, Middle mittal)		INAME OF EMPIO	уы						
Mailing Address		Occupation							
Mailing Addices		Occupation							
		Amount							
City State	ZIP Code	Guaranteed							
Oily State	Zii Oode	Outstanding:							
Full Name (Last, First, Middle Initial)		Name of Emplo	over						
- an Hamo (Last, First, Middle Hillar)		. tamo or Emple	.,						
Mailing Address		Occupation							
Mailing Addices		Occupation							
		Amount							
City State	ZIP Code	Guaranteed							
State	ZIP Gode	Outstanding:							
SUBTOTALS This Period This Page (optional)				750	0.00				
GODIOTALS This Fellou This Page (optional)									
TOTALS This Period (last page in this line only)	TOTALS 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

PAGE 17 / 17
FOR LINE 13 OF FORM 3X

LOANO		Detailed Summary	Page						
NAME OF COMMITTEE (In Full)									
National Italian American Political Action C	ommittee								
LOAN COURCE Full Name (Loan First Middle	H = 1 = 20 = IV	Transaction ID: SC/10.4271							
LOAN SOURCE Full Name (Last, First, Midd Amato Berardi		Electi	ion: Primary						
Alliato berardi			General						
Mailing Address 555 City Line Ave, Suite 77			Other (specify)						
City Bala Cynwyd	State PA ZIP Cod	e 19004	-						
Original Amount of Loan	Cumulative Payment To	Date E	Balance Outstanding at Close of This F						
2500.00		0.00			2500.0	00			
TERMS									
Date Incurred	Date Due	Inte	rest Rate	7	Secured:				
03 17 2001				% (apr)	Yes	X No			
List All Endorsers or Guarantors (if any) to Loar	n Source								
Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address		Occupation							
		Amount				,			
City State	ZIP Code	Guaranteed Outstanding:							
Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address		Occupation							
		Amount				,			
City State	ZIP Code	Guaranteed Outstanding:							
Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address		Occupation							
		Amount		0 0 0		,			
City State	ZIP Code	Guaranteed Outstanding:							
Full Name (Last, First, Middle Initial)		Name of Employer							
Mailing Address		Occupation							
		Amount		0 0 0		,			
City State	ZIP Code	Guaranteed Outstanding:							
SUBTOTALS This Period This Page (optional) .		······•			2500	.00			
TOTALS This Period (last page in this line only)	<b>)</b>			10000	.00				
Carry outstanding balance only to LINE 3, Schedu	le D, for this line. If no Sche	dule D, carry forward to	approprait	e line of Summ	ary.				