

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION
COMMISSION MAIL ROOM

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Italian American Republican Coalition

ADDRESS (number and street) Check if different than previously reported
211 North Union, Suite 250

CITY, STATE and ZIP CODE
Alexandria, VA 22314

2. FEC IDENTIFICATION NUMBER
C 00336891

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

Jul 28 1 20 PM '99

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>1-1-99</u> through <u>6-30-99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 936.90
(b) Cash on Hand at Beginning of Reporting Period	\$ 936.90	
(c) Total Receipts (from Line 19)	\$	\$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 936.90	\$ 936.90
7. Total Disbursements (from Line 20)	\$ 570.78	\$ 570.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 366.12	\$ 366.12
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	

For further information contact:
Federal Election Commission
899 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-694-1100

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
Nicholas A. Panuzio

Signature of Treasurer
Nicholas A. Panuzio

Date
July 26, 1999

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



DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(Revised 1/98)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
<i>Italian American Republican Coalition</i>	FROM <i>1-1-99</i>	TO <i>6-30-99</i>	
Example	COLUMN A Total/Federal	COLUMN B Candidate	
Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			1100
I. Itemized (see Schedule A)			1100
II. Unitemized			1100
III. Total (add I and II) >			1100
b. Political Party Committees			110
c. Other Political Committees (such as PACs)			110
d. Total Contributions (add a II, b and c) >			1100
12. Transfers From Affiliated/Other Party Committee			0
13. All Loans Received			0
14. Loan Repayments Received			0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			0
17. Other Federal Receipts (Dividends, Interest, etc.)			0
18. Transfers from Nonfederal Account for Joint Activity			0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			1100
20. Total Federal Receipts (subtract line 18 from line 19) >			1100
Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (Item Schedule H4)			2100
I. Federal Share			2100
II. Non-Federal Share			2100
b. Other Federal Operating Expenditures	1570.78	1570.78	210
c. Total Operating Expenditures (add a I, a II, and b) >	1570.78	1570.78	210
22. Transfers to Affiliated/Other Party Committee			0
23. Contributions to Federal Candidates/Committees and Other Political Committees	-1000.00	-1000.00	0
24. Independent Expenditures (see Schedule E)			0
25. Coordinated Expenditures Made by Party Committee (2 U.S.C. 441pp(2)) (see Schedule F)			0
26. Loan Repayments Made			0
27. Loans Made			0
28. Refunds of Contributions To:			
A. Individual/Persons Other Than Political Committees			280
b. Political Party Committees			280
c. Other Political Committees (such as PACs)			280
d. Total Contribution Refunds (add a, b and c) >			280
29. Other Disbursements			0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	570.78	570.78	0
31. Total Federal Disbursements (subtract line 21 d from line 30) >	570.78	570.78	0
Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	- 0 -	- 0 -	0
33. Total Contribution Refunds (from line 28d)	- 0 -	- 0 -	0
34. Net Contributions (other than loans) (subtract line 33 from line 32)	- 0 -	- 0 -	0
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >	570.78	570.78	0
36. Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -	0
37. Net Operating Expenditures (subtract line 36 from line 35) >	570.78	570.78	0

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 216

Any information copied from such Reports and Statements may not be 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)

Italian American Republican Coalition

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Management Link 211 North Union, Ste. 250 Alexandria, VA 22314	rent Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1-13-99	\$250. ⁰⁰
B. Full Name, Mailing Address and ZIP Code National Italian American Foundation 1860 - 19 th St. N.W. Washington, D.C. 20009-5501	dinner expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-1-99	\$1000. ⁰⁰
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1250.⁰⁰

TOTAL This Period (last page this line number only)

1250.⁰⁰



SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

Italian American Republican Coalition

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rick A. Lazio Lazio for Congress (NY2) P.O. Box 5063 Bay Shore, NY 11706	Void check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/8/99	\$1000. ⁰⁰
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period


SUBTOTAL of Disbursements This Page (optional)

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

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 7-27-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	7-28-99 DATE PREPARED