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**FEC
FORM 3X**

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

TAXI CAB LIMOUSINE & PARATRANSIT ASSOCIATION
POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3200 TOWER OAKS BLVD SUITE 220

☐ Check if different
than previously
reported. (ACC)

ROCKVILLE

MD

20852

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00132480

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
Year-End 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 (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

In the
State of

State

(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

In the
State of

State

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

ALFRED LAGASSE

Signature of Treasurer

Alfred Lagasse

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

10030321102

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

01 / 01 / 2010

To:

03 / 31 / 2010

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1,

2010

89,349.61

(b) Cash on Hand at
Beginning of Reporting Period.....

89,349.61

(c) Total Receipts (from Line 19)

0.00

0.00

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

89,349.61

89,349.61

7. Total Disbursements (from Line 31)

50,000.00

50,000.00

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

84,349.61

84,349.61

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00



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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

01 / 01 / 2010

To:

03 / 31 / 2010

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).....

000

000

(ii) Unitemized.....

000

000

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

000

000

(b) Political Party Committees.....

(c) Other Political Committees

(such as PACs).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

000

000

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

000

000

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

000

000

10030321104

DETAILED SUMMARY PAGE of Disbursements

Page 4

COLUMN B
Calendar Year-to-Date

- [illegible]

500000

500000

500000

FE6AN026

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)	500000	500000
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	500000	500000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

10030321106

**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 1 OF 2

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY
03/16/2010

A.

Friends of Jim Oberstar

Mailing Address

1017 8th St., NE

City

Washington DC

State

Zip Code

20002

Purpose of Disbursement

contribution

Candidate Name

Jim Oberstar

0.11
Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

State: MN

District: 8th

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY
03/22/2010

B.

Mica for Congress

Mailing Address

2501 Wisconsin Ave. NW #304

City

Washington DC

State

Zip Code

20007

Purpose of Disbursement

contribution

Candidate Name

John Mica

0.11
Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

State: FL

District: 7th

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM/DD/YYYY
03/30/2010

C.

Costello for Congress

Mailing Address

P.O. Box 8250

City

Bellefonte IL

State

Zip Code

62222

Purpose of Disbursement

contribution

Candidate Name

Jerry Costello

0.11
Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

State: IL

District: 12th

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

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

3000.00

10030321107

**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 **2** OF **2**

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Duncan for Congress
Mailing Address
c/o Don Walker, 1318 Dewitt Ave
City **Alexandria** State **VA** Zip Code **22301**

Purpose of Disbursement
contribution
Candidate Name
John Duncan

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▼
State: **TN** District: **2nd**

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

100000

B.

Citizens for Tom Petri
Mailing Address
c/o Carol Deas, 1707 Prince St. #5
City **Alexandria** State **VA** Zip Code **22314**

Purpose of Disbursement
contribution
Candidate Name
Tom Petri

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▼
State: **WI** District: **6th**

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

100000

C.

Mailing Address
City State Zip Code
Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼
State: District:

Date of Disbursement

Amount of Each Disbursement this Period

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

200000

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

500000

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC 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"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>4/30/10</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Jm
PREPARER
(3/2005)

5/3/10
DATE PREPARED

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