

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 National Limousine Association Political Action Committee

ADDRESS (number and street) 49 South Maple Avenue Marlon NJ 08053 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00359380 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2) through Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 07/01/2012 through 09/30/2012

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 Patricia Nelson

Signature of Treasurer Patricia Nelson [Electronically Filed] Date 10/10/2012

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 table with 8 columns and 1 row. Includes text: FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**National Limousine Association Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="35952.31"/>	<input type="text" value="35952.31"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45907.28"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6725.00"/>	<input type="text" value="20675.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="52632.28"/>	<input type="text" value="56627.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3222.06"/>	<input type="text" value="7217.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="49410.22"/>	<input type="text" value="49410.22"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

Write or Type Committee Name

**National Limousine Association 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).....	6525.00	17350.00
(ii) Unitemized .....	200.00	3325.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6725.00	20675.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6725.00	20675.00
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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 Transfers (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))..... ▶	6725.00	20675.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6725.00	20675.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	222.06	717.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	222.06	717.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	6500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	3222.06	7217.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3222.06	7217.09

**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) .....	6725.00	20675.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6725.00	20675.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	222.06	717.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	222.06	717.09

**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 6 OF 21
<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 Limousine Association Political Action Committee**

**A. Ahmed Atris**  
Full Name (Last, First, Middle Initial)

Mailing Address 42897 Vestals Gap Drive

City Ashburn	State VA	Zip Code 20148
-----------------	-------------	-------------------

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

Name of Employer US Sedan Service, Inc.	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2012

**Transaction ID : SA11AI.5025**

Amount of Each Receipt this Period  

100.00
--------

**B. Ahmed Atris**  
Full Name (Last, First, Middle Initial)

Mailing Address 42897 Vestals Gap Drive

City Ashburn	State VA	Zip Code 20148
-----------------	-------------	-------------------

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

Name of Employer US Sedan Service, Inc.	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

**Transaction ID : SA11AI.5046**

Amount of Each Receipt this Period  

100.00
--------

**C. Ahmed Atris**  
Full Name (Last, First, Middle Initial)

Mailing Address 42897 Vestals Gap Drive

City Ashburn	State VA	Zip Code 20148
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FEC ID number of contributing federal political committee. **C**

Name of Employer US Sedan Service, Inc.	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2012

**Transaction ID : SA11AI.5063**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<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: (check only one)	PAGE 7 OF 21
<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 Limousine Association Political Action Committee**

**A. Barry Beall**  
Full Name (Last, First, Middle Initial)

Mailing Address 4601 East Ludlow Drive

City Phoenix State AZ Zip Code 85004

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

Name of Employer First Class Executive Limousin Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2012

**Transaction ID : SA11AI.5054**

Amount of Each Receipt this Period  
 50.00

**B. Barry Beall**  
Full Name (Last, First, Middle Initial)

Mailing Address 4601 East Ludlow Drive

City Phoenix State AZ Zip Code 85004

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

Name of Employer First Class Executive Limousin Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2012

**Transaction ID : SA11AI.5071**

Amount of Each Receipt this Period  
 50.00

**C. Jon Epstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Greenfield Hill

City Sparta State NJ Zip Code 07871

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

Name of Employer Royal Coachman Worldwide Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 09 / 2012

**Transaction ID : SA11AI.5030**

Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<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 OF 21  
(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 Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Jon Epstein**

Mailing Address 14 Greenfield Hill

City Sparta State NJ Zip Code 07871

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

Name of Employer Royal Coachman Worldwide Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 31 / 2012**

**Transaction ID : SA11AI.5062**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Diane Forgy**

Mailing Address 10515 Ensley Lane

City Leawood State KS Zip Code 66206

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

Name of Employer Overland Limousine Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 10 / 2012**

**Transaction ID : SA11AI.5037**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Diane Forgy**

Mailing Address 10515 Ensley Lane

City Leawood State KS Zip Code 66206

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

Name of Employer Overland Limousine Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 09 / 2012**

**Transaction ID : SA11AI.5056**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**

**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 OF 21  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Diane Forgy**  
 Mailing Address 10515 Ensley Lane  
 City Leawood State KS Zip Code 66206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Overland Limousine Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.5074**  
 Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Neil Goodman**  
 Mailing Address 3780 Northeast 20th Terrace  
 City Aventura State FL Zip Code 33180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aventura Worldwide Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2012  
**Transaction ID : SA11AI.5032**  
 Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Neil Goodman**  
 Mailing Address 3780 Northeast 20th Terrace  
 City Aventura State FL Zip Code 33180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Aventura Worldwide Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 07 / 2012  
**Transaction ID : SA11AI.5051**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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 OF 21
<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 Limousine Association Political Action Committee**

**A. Neil Goodman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3780 Northeast 20th Terrace

City Aventura	State FL	Zip Code 33180
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FEC ID number of contributing federal political committee. **C**

Name of Employer Aventura Worldwide	Occupation Owner
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2012

**Transaction ID : SA11AI.5068**

Amount of Each Receipt this Period  

100.00
--------

**B. Mary Harrell-Paul**  
Full Name (Last, First, Middle Initial)

Mailing Address 2440 South Wolf

City Des Plaines	State IL	Zip Code 60018
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FEC ID number of contributing federal political committee. **C**

Name of Employer Crown Cars & Limousines	Occupation Owner
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2012

**Transaction ID : SA11AI.5027**

Amount of Each Receipt this Period  

100.00
--------

**C. Mary Harrell-Paul**  
Full Name (Last, First, Middle Initial)

Mailing Address 2440 South Wolf

City Des Plaines	State IL	Zip Code 60018
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FEC ID number of contributing federal political committee. **C**

Name of Employer Crown Cars & Limousines	Occupation Owner
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

**Transaction ID : SA11AI.5048**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<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: (check only one)	PAGE 11 OF 21
<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 Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Mary Harrell-Paul</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2012 <b>Transaction ID : SA11AI.5065</b>
Mailing Address 2440 South Wolf		Amount of Each Receipt this Period 100.00
City Des Plaines	State IL	Zip Code 60018
FEC ID number of contributing federal political committee. C		
Name of Employer Crown Cars & Limousines	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. George Jacobs</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2012 <b>Transaction ID : SA11AI.5061</b>
Mailing Address 629 Woodside Ave		Amount of Each Receipt this Period 100.00
City Hinsdale	State IL	Zip Code 60521
FEC ID number of contributing federal political committee. C		
Name of Employer Windy City Limousine & Bus Co.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Kane</b>		Date of Receipt MM / DD / YYYY 07 / 27 / 2012 <b>Transaction ID : SA11AI.5040</b>
Mailing Address 9524 Purcell Drive		Amount of Each Receipt this Period 250.00
City Potomac	State MD	Zip Code 20854
FEC ID number of contributing federal political committee. C		
Name of Employer International Limousine Servic	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 12 OF 21  
(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 Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Richard Kane**

Mailing Address 9524 Purcell Drive

City Potomac	State MD	Zip Code 20854
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FEC ID number of contributing federal political committee. **C**

Name of Employer International Limousine Servic	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	28	/	2012

**Transaction ID : SA11AI.5060**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Richard Kane**

Mailing Address 9524 Purcell Drive

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer International Limousine Servic	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	27	/	2012

**Transaction ID : SA11AI.5076**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Kenneth Lucci**

Mailing Address 2244 Konato Drive

City Belleair Beach	State FL	Zip Code 33786
------------------------	-------------	-------------------

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

Name of Employer Ambassador Limousine	Occupation President and CEO
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2012

**Transaction ID : SA11AI.5058**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<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: (check only one)	PAGE 13 OF 21
<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 Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Greg Pruitt**

Mailing Address 1403 N. Purdue Avenue

City State Zip Code  
Oklahoma City OK 73127

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

Name of Employer Occupation  
Kings Worldwide Transportation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2012

**Transaction ID : SA11AI.5038**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Greg Pruitt**

Mailing Address 1403 N. Purdue Avenue

City State Zip Code  
Oklahoma City OK 73127

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

Name of Employer Occupation  
Kings Worldwide Transportation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2012

**Transaction ID : SA11AI.5057**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Greg Pruitt**

Mailing Address 1403 N. Purdue Avenue

City State Zip Code  
Oklahoma City OK 73127

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

Name of Employer Occupation  
Kings Worldwide Transportation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2012

**Transaction ID : SA11AI.5073**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00

**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 14 OF 21
	<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 Limousine Association Political Action Committee**

**A. Jerry Robbins**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Edgewater Lane  
P.O. Box 278

City Hampstead State NH Zip Code 03841

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

Name of Employer Weldon Worldwide Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 03 / 2012

**Transaction ID : SA11AI.5029**

Amount of Each Receipt this Period  
50.00

**B. Jerry Robbins**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Edgewater Lane  
P.O. Box 278

City Hampstead State NH Zip Code 03841

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

Name of Employer Weldon Worldwide Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2012

**Transaction ID : SA11AI.5050**

Amount of Each Receipt this Period  
50.00

**C. Jerry Robbins**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 Edgewater Lane  
P.O. Box 278

City Hampstead State NH Zip Code 03841

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

Name of Employer Weldon Worldwide Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
09 / 04 / 2012

**Transaction ID : SA11AI.5066**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<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 15 OF 21  
(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 Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Dawson Rutter**

Mailing Address 280 Beacon Street #24

City Boston	State MA	Zip Code 02116
----------------	-------------	-------------------

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

Name of Employer Commonwealth Worldwide	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2012

**Transaction ID : SA11AI.5033**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**B. Dawson Rutter**

Mailing Address 280 Beacon Street #24

City Boston	State MA	Zip Code 02116
----------------	-------------	-------------------

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

Name of Employer Commonwealth Worldwide	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	08	/	2012

**Transaction ID : SA11AI.5052**

Amount of Each Receipt this Period  
400.00

Full Name (Last, First, Middle Initial)  
**C. Dawson Rutter**

Mailing Address 280 Beacon Street #24

City Boston	State MA	Zip Code 02116
----------------	-------------	-------------------

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

Name of Employer Commonwealth Worldwide	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2012

**Transaction ID : SA11AI.5069**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<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 16 OF 21  
(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 Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Howard Shanks**

Mailing Address 15870 South Birchwood Loop

City Chuqjak	State AR	Zip Code 99567
-----------------	-------------	-------------------

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

Name of Employer A Aurora Limousine	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

**Transaction ID : SA11AI.5049**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Howard Shanks**

Mailing Address 15870 South Birchwood Loop

City Chuqjak	State AR	Zip Code 99567
-----------------	-------------	-------------------

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

Name of Employer A Aurora Limousine	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

**Transaction ID : SA11AI.5067**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**C. Dave Shaw**

Mailing Address 6183 South Westview Drive

City Homosassa	State FL	Zip Code 34448
-------------------	-------------	-------------------

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

Name of Employer Olympus Limousine	Occupation Operations Manager
---------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2012

**Transaction ID : SA11AI.5026**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<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: (check only one)	PAGE 17 OF 21
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**National Limousine Association Political Action Committee**

**A. Dave Shaw**  
Full Name (Last, First, Middle Initial)

Mailing Address 6183 South Westview Drive

City Homosassa	State FL	Zip Code 34448
-------------------	-------------	-------------------

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

Name of Employer Olympus Limousine	Occupation Operations Manager
---------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	03	/	2012

**Transaction ID : SA11AI.5047**

Amount of Each Receipt this Period  

100.00
--------

**B. Dave Shaw**  
Full Name (Last, First, Middle Initial)

Mailing Address 6183 South Westview Drive

City Homosassa	State FL	Zip Code 34448
-------------------	-------------	-------------------

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

Name of Employer Olympus Limousine	Occupation Operations Manager
---------------------------------------	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	04	/	2012

**Transaction ID : SA11AI.5064**

Amount of Each Receipt this Period  

100.00
--------

**C. Scott Solombrino**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Second Street

City Chelsea	State MA	Zip Code 02150
-----------------	-------------	-------------------

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

Name of Employer Dav El Boston Inc.	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2012

**Transaction ID : SA11AI.5039**

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</b>
<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: (check only one)	PAGE 18 OF 21
	<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 Limousine Association Political Action Committee**

**A. Scott Solombrino**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Second Street

City Chelsea State MA Zip Code 02150

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

Name of Employer Dav El Boston Inc. Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 23 / 2012

**Transaction ID : SA11AI.5059**

Amount of Each Receipt this Period  
 250.00

**B. Scott Solombrino**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Second Street

City Chelsea State MA Zip Code 02150

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

Name of Employer Dav El Boston Inc. Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2012

**Transaction ID : SA11AI.5075**

Amount of Each Receipt this Period  
 250.00

**C. Shane Stickel**  
Full Name (Last, First, Middle Initial)

Mailing Address 8295 E. 28th Avenue

City Denver State CO Zip Code 80238

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

Name of Employer Presidential Worldwide Transpo Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 10 / 2012

**Transaction ID : SA11AI.5036**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00

**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 19 OF 21
<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 Limousine Association Political Action Committee**

**A. Shane Stickel**  
Full Name (Last, First, Middle Initial)

Mailing Address 8295 E. 28th Avenue

City Denver	State CO	Zip Code 80238
----------------	-------------	-------------------

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

Name of Employer Presidential Worldwide Transpo	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2012

**Transaction ID : SA11AI.5055**

Amount of Each Receipt this Period  
50.00

**B. Shane Stickel**  
Full Name (Last, First, Middle Initial)

Mailing Address 8295 E. 28th Avenue

City Denver	State CO	Zip Code 80238
----------------	-------------	-------------------

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

Name of Employer Presidential Worldwide Transpo	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

**Transaction ID : SA11AI.5072**

Amount of Each Receipt this Period  
50.00

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6525.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Citizens Bank**

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Merchant Bankcd Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2012

Transaction ID : SB21B.5042

Amount of Each Disbursement this Period

69.26

Full Name (Last, First, Middle Initial)

**B. Citizens Bank**

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Merchant Bankcd Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2012

Transaction ID : SB21B.5045

Amount of Each Disbursement this Period

80.65

Full Name (Last, First, Middle Initial)

**C. Citizens Bank**

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Merchant Bankcd Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2012

Transaction ID : SB21B.5077

Amount of Each Disbursement this Period

72.15

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

222.06

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

222.06

**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 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)

**National Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. DAVID VITTER FOR US SENATE**

Mailing Address PO BOX 8175

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement  
Contribution to David Vitter

011

Candidate Name

**DAVID VITTER FOR US SENATE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 00

Date of Disbursement

MM / DD / YYYY  
07 / 05 / 2012

**Transaction ID : SB23.5041**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. GILLIBRAND FOR SENATE**

Mailing Address 236 MASSACHUSETTS AVE SUITE 110

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement  
Contribution to Gillibrand for Senate

011

Candidate Name

**GILLIBRAND FOR SENATE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2012

**Transaction ID : SB23.5078**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. HOYER FOR CONGRESS**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
Contribution to Hoyer for Congress

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2012

**Transaction ID : SB23.5088**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

3000.00