

# 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

Check if different than previously reported. (ACC)

Marlton NJ 08053

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00359380

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] in the State of [ ]

- (d) 30-Day **POST**-Election Report for the:
- General (30G)  Runoff (30R)  Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period

[MM] / [DD] / [YYYY] 10 / 01 / 2013 through [MM] / [DD] / [YYYY] 12 / 31 / 2013

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 Philip Jagiela

Signature of Treasurer Philip Jagiela

[Electronically Filed]

Date 01 / 27 / 2014

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								
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2013"/>	<input type="text" value="55565.47"/>	<input type="text" value="55565.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="79904.91"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="8165.00"/>	<input type="text" value="43390.00"/>
(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="88069.91"/>	<input type="text" value="98955.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3671.34"/>	<input type="text" value="14556.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="84398.57"/>	<input type="text" value="84398.57"/>
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

FEC Form 3X (Rev. 06/2004)

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).....	7825.00	35600.00
(ii) Unitemized .....	340.00	7790.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8165.00	43390.00
(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) .....	8165.00	43390.00
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))..... ▶	8165.00	43390.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8165.00	43390.00

**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 .....	1671.34	2556.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1671.34	2556.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	12000.00
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)) ..	3671.34	14556.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3671.34	14556.90

**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) .....	8165.00	43390.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8165.00	43390.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1671.34	2556.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1671.34	2556.90

**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 33
<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 Limousine Association Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Richard Azzolino</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2013 <b>Transaction ID : SA11AI.5575</b>
Mailing Address 1550 Gilbreth Road		Amount of Each Receipt this Period 100.00
City Burlingame	State CA	Zip Code 94010
FEC ID number of contributing federal political committee. C	Name of Employer Gateway Limousines Worldwide	Occupation Second Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Azzolino</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 08 / 2013 <b>Transaction ID : SA11AI.5606</b>
Mailing Address 1550 Gilbreth Road		Amount of Each Receipt this Period 100.00
City Burlingame	State CA	Zip Code 94010
FEC ID number of contributing federal political committee. C	Name of Employer Gateway Limousines Worldwide	Occupation Second Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Azzolino</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 10 / 2013 <b>Transaction ID : SA11AI.5638</b>
Mailing Address 1550 Gilbreth Road		Amount of Each Receipt this Period 100.00
City Burlingame	State CA	Zip Code 94010
FEC ID number of contributing federal political committee. C	Name of Employer Gateway Limousines Worldwide	Occupation Second Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 7 OF 33  
(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. Brad Balaban**

Mailing Address 4675 Wynn Road

City State Zip Code  
 Las Vegas NV 89103

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

Name of Employer Occupation  
 ODS Limousine President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 17 / 2013  
**Transaction ID : SA11AI.5642**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Kevin Bevers**

Mailing Address 2409 Rorimer Drive

City State Zip Code  
 Riverside CA 92509

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

Name of Employer Occupation  
 A and A Livery Manager

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  
 10 / 03 / 2013  
**Transaction ID : SA11AI.5574**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 2409 Rorimer Drive

City State Zip Code  
 Riverside CA 92509

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

Name of Employer Occupation  
 A and A Livery Manager

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  
 11 / 05 / 2013  
**Transaction ID : SA11AI.5605**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 125.00

**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 8 OF 33  
(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. Kevin Bevers**  
 Mailing Address 2409 Rorimer Drive  
 City Riverside State CA Zip Code 92509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer A and A Livery Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2013  
**Transaction ID : SA11AI.5636**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. James Brown**  
 Mailing Address 651 Aldo Avenue  
 City Santa Clara State CA Zip Code 95054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EI Paseo Worldwide Occupation General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 15 / 2013  
**Transaction ID : SA11AI.5579**  
 Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Michael Callahan**  
 Mailing Address 63 Whitehall Way  
 City Bellingham State MA Zip Code 01748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Able Limousine Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 01 / 2013  
**Transaction ID : SA11AI.5572**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**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 33  
(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. Michael Callahan**

Mailing Address 63 Whitehall Way

City Bellingham      State MA      Zip Code 01748

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

Name of Employer Able Limousine Inc.      Occupation President

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  
 10 / 30 / 2013  
**Transaction ID : SA11AI.5600**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Michael Callahan**

Mailing Address 63 Whitehall Way

City Bellingham      State MA      Zip Code 01748

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

Name of Employer Able Limousine Inc.      Occupation President

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  
 12 / 02 / 2013  
**Transaction ID : SA11AI.5632**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 63 Whitehall Way

City Bellingham      State MA      Zip Code 01748

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

Name of Employer Able Limousine Inc.      Occupation President

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  
 12 / 31 / 2013  
**Transaction ID : SA11AI.5661**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 10 OF 33  
(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**

**A. Javid Chaudhry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 896 Bee Street  
 City New York State NY Zip Code 11580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NY Global (NYG Limousine) Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2013  
**Transaction ID : SA11AI.5595**  
 Amount of Each Receipt this Period  
 50.00

**B. Javid Chaudhry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 896 Bee Street  
 City New York State NY Zip Code 11580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NY Global (NYG Limousine) Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 21 / 2013  
**Transaction ID : SA11AI.5624**  
 Amount of Each Receipt this Period  
 50.00

**C. Javid Chaudhry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 896 Bee Street  
 City New York State NY Zip Code 11580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NY Global (NYG Limousine) Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 23 / 2013  
**Transaction ID : SA11AI.5655**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 11 OF 33  
(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**

**A. Kevin Cronin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Marshall Street  
 City Canton State MA Zip Code 02021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Above All Transportation Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3700.00

Date of Receipt 10 / 15 / 2013  
**Transaction ID : SA11AI.5578**  
 Amount of Each Receipt this Period 450.00

**B. Kevin Cronin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Marshall Street  
 City Canton State MA Zip Code 02021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Above All Transportation Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4150.00

Date of Receipt 11 / 13 / 2013  
**Transaction ID : SA11AI.5608**  
 Amount of Each Receipt this Period 450.00

**C. Kevin Cronin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 28 Marshall Street  
 City Canton State MA Zip Code 02021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Above All Transportation Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4600.00

Date of Receipt 12 / 13 / 2013  
**Transaction ID : SA11AI.5640**  
 Amount of Each Receipt this Period 450.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1350.00  
**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 12 OF 33
<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. Jon Epstein</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 24 / 2013 <b>Transaction ID : SA11AI.5598</b>
Mailing Address 14 Greenfield Hill		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Jon Epstein</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 26 / 2013 <b>Transaction ID : SA11AI.5627</b>
Mailing Address 14 Greenfield Hill		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Jon Epstein</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 24 / 2013 <b>Transaction ID : SA11AI.5658</b>
Mailing Address 14 Greenfield Hill		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 33
<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. Marguerite Farrell</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2013 <b>Transaction ID : SA11AI.5585</b>
Mailing Address 42 East 20th Street		Amount of Each Receipt this Period 400.00
City New York	State NY	Zip Code 10003
FEC ID number of contributing federal political committee. C		
Name of Employer Farrell Limousine Service	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

Full Name (Last, First, Middle Initial) <b>B. Marguerite Farrell</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 19 / 2013 <b>Transaction ID : SA11AI.5614</b>
Mailing Address 42 East 20th Street		Amount of Each Receipt this Period 400.00
City New York	State NY	Zip Code 10003
FEC ID number of contributing federal political committee. C		
Name of Employer Farrell Limousine Service	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) <b>C. Marguerite Farrell</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2013 <b>Transaction ID : SA11AI.5645</b>
Mailing Address 42 East 20th Street		Amount of Each Receipt this Period 400.00
City New York	State NY	Zip Code 10003
FEC ID number of contributing federal political committee. C		
Name of Employer Farrell Limousine Service	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4400.00	

<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 14 OF 33  
(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 State Zip Code  
 Leawood KS 66206

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

Name of Employer Occupation  
 Overland Limousine 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  
 10 / 01 / 2013

**Transaction ID : SA11AI.5569**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Zaragoza Garza**

Mailing Address 2828 N. Dayside Avenue

City State Zip Code  
 Meridian IN 83646

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

Name of Employer Occupation  
 Diamond Limousine 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  
 10 / 17 / 2013

**Transaction ID : SA11AI.5586**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 2828 N. Dayside Avenue

City State Zip Code  
 Meridian IN 83646

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

Name of Employer Occupation  
 Diamond Limousine 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  
 11 / 19 / 2013

**Transaction ID : SA11AI.5615**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

**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 15 OF 33
	(check only one)
<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"/>	<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. Zaragoza Garza**

Mailing Address 2828 N. Dayside Avenue

City Meridian	State IN	Zip Code 83646
------------------	-------------	-------------------

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

Name of Employer Diamond Limousine	Occupation Owner
---------------------------------------	---------------------

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
12	/	17	/	2013

**Transaction ID : SA11AI.5646**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Charlie Grimm**

Mailing Address P.O Box 243742

City Anchorage	State AK	Zip Code 99524
-------------------	-------------	-------------------

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

Name of Employer BAC Trans	Occupation President & CEO
-------------------------------	-------------------------------

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
10	/	17	/	2013

**Transaction ID : SA11AI.5587**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**c. Charlie Grimm**

Mailing Address P.O Box 243742

City Anchorage	State AK	Zip Code 99524
-------------------	-------------	-------------------

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

Name of Employer BAC Trans	Occupation President & CEO
-------------------------------	-------------------------------

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
11	/	19	/	2013

**Transaction ID : SA11AI.5616**

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: (check only one)	PAGE 16 OF 33
	<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**

Full Name (Last, First, Middle Initial)  
**A. Charlie Grimm**

Mailing Address P.O Box 243742

City Anchorage State AK Zip Code 99524

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

Name of Employer Occupation  
BAC Trans President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
12 / 17 / 2013  
**Transaction ID : SA11AI.5647**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Carl Haley Jr.**

Mailing Address 5205 Still House Hollow Road

City Franklin State TN Zip Code 37064

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

Name of Employer Occupation  
Grand Avenue Limo Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
12 / 05 / 2013  
**Transaction ID : SA11AI.5637**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2440 South Wolf

City Des Plaines State IL Zip Code 60018

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

Name of Employer Occupation  
Crown Cars & Limousines Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
10 / 01 / 2013  
**Transaction ID : SA11AI.5571**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**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 17 OF 33  
(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. Mary Harrell-Paul**

Mailing Address 2440 South Wolf

City State Zip Code  
Des Plaines IL 60018

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

Name of Employer Occupation  
Crown Cars & Limousines Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 /  /   
 10 / 31 / 2013  
**Transaction ID : SA11AI.5601**

Amount of Each Receipt this Period  
  
 100.00

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

Mailing Address 2440 South Wolf

City State Zip Code  
Des Plaines IL 60018

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

Name of Employer Occupation  
Crown Cars & Limousines Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 /  /   
 12 / 02 / 2013  
**Transaction ID : SA11AI.5633**

Amount of Each Receipt this Period  
  
 100.00

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

Mailing Address 2440 South Wolf

City State Zip Code  
Des Plaines IL 60018

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

Name of Employer Occupation  
Crown Cars & Limousines Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 /  /   
 12 / 31 / 2013  
**Transaction ID : SA11AI.5662**

Amount of Each Receipt this Period  
  
 100.00

**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 18 OF 33
<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. Jeffery Hitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Middlebrook Court

City Red Bank	State NJ	Zip Code 07701
------------------	-------------	-------------------

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

Name of Employer Eagle Chauffeured Services	Occupation Dir. of Corporate Sales
--	---------------------------------------

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
11	/	14	/	2013

**Transaction ID : SA11AI.5609**

Amount of Each Receipt this Period  
100.00

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

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 ▼  
1750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

**Transaction ID : SA11AI.5582**

Amount of Each Receipt this Period  
250.00

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

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 ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2013

**Transaction ID : SA11AI.5612**

Amount of Each Receipt this Period  
250.00

<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 19 OF 33  
(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

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  
12 / 17 / 2013  
**Transaction ID : SA11AI.5643**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Nisberg**

Mailing Address 48 Mamaroneck Avenue

City White Plains State NY Zip Code 10601

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

Name of Employer On Time Transport Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 16 / 2013  
**Transaction ID : SA11AI.5584**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 48 Mamaroneck Avenue

City White Plains State NY Zip Code 10601

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

Name of Employer On Time Transport Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
11 / 18 / 2013  
**Transaction ID : SA11AI.5613**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

**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 20 OF 33
	<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. Jeffrey Nisberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 Mamaroneck Avenue  
 City State Zip Code  
 White Plains NY 10601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 On Time Transport Inc. President  
 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  
 12 / 17 / 2013  
**Transaction ID : SA11AI.5644**  
 Amount of Each Receipt this Period  
 50.00

**B. Skyler Pierpoint**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13611 N. 50th Place  
 City State Zip Code  
 Scottsdale AZ 85254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Arizona Limousines Inc. Operations Manager  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 17 / 2013  
**Transaction ID : SA11AI.5588**  
 Amount of Each Receipt this Period  
 25.00

**C. Skyler Pierpoint**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13611 N. 50th Place  
 City State Zip Code  
 Scottsdale AZ 85254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Arizona Limousines Inc. Operations Manager  
 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  
 11 / 19 / 2013  
**Transaction ID : SA11AI.5617**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**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 21 OF 33
	<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**

Full Name (Last, First, Middle Initial)  
**A. Skyler Pierpoint**

Mailing Address 13611 N. 50th Place

City State Zip Code  
Scottsdale AZ 85254

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

Name of Employer Occupation  
Arizona Limousines Inc. Operations Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 17 / 2013  
**Transaction ID : SA11AI.5648**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. John Raftery**

Mailing Address 2550 Eastern Avenue #6

City State Zip Code  
Ventura CA 93003

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

Name of Employer Occupation  
Executive Limousine & Coach President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 17 / 2013  
**Transaction ID : SA11AI.5592**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 2550 Eastern Avenue #6

City State Zip Code  
Ventura CA 93003

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

Name of Employer Occupation  
Executive Limousine & Coach President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 19 / 2013  
**Transaction ID : SA11AI.5621**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 22 OF 33
	<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. John Raftery**  
Full Name (Last, First, Middle Initial)

Mailing Address 2550 Eastern Avenue #6

City State Zip Code  
Ventura CA 93003

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

Name of Employer Occupation  
Executive Limousine & Coach President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2013  
**Transaction ID : SA11AI.5652**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 16 Edgewater Lane  
P.O. Box 278

City State Zip Code  
Hampstead NH 03841

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

Name of Employer Occupation  
Weldon Worldwide 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  
10 / 28 / 2013  
**Transaction ID : SA11AI.5599**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 16 Edgewater Lane  
P.O. Box 278

City State Zip Code  
Hampstead NH 03841

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

Name of Employer Occupation  
Weldon Worldwide President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
11 / 26 / 2013  
**Transaction ID : SA11AI.5628**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

**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 23 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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**

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

Mailing Address 16 Edgewater Lane  
P.O. Box 278

City State Zip Code  
Hampstead NH 03841

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

Name of Employer Occupation  
Weldon Worldwide President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 26 / 2013  
**Transaction ID : SA11AI.5660**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Roberts**

Mailing Address 110 Doughty Road

City State Zip Code  
Pleasantville NJ 08232

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

Name of Employer Occupation  
Abalon DBA Avalon Limo President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2013  
**Transaction ID : SA11AI.5591**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 110 Doughty Road

City State Zip Code  
Pleasantville NJ 08232

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

Name of Employer Occupation  
Abalon DBA Avalon Limo President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2013  
**Transaction ID : SA11AI.5620**

Amount of Each Receipt this Period  
25.00

<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: (check only one)	PAGE 24 OF 33
	<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

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 Limousine Association Political Action Committee**

**A. Jeffrey Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 Doughty Road

City Pleasantville	State NJ	Zip Code 08232
-----------------------	-------------	-------------------

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

Name of Employer Abalon DBA Avalon Limo	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2013

**Transaction ID : SA11AI.5651**

Amount of Each Receipt this Period  
25.00

**B. Jonna Sabroff**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 6960

City Beverly Hills	State CA	Zip Code 90212
-----------------------	-------------	-------------------

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

Name of Employer Integrated Transportation Serv	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
10	/	15	/	2013

**Transaction ID : SA11AI.5580**

Amount of Each Receipt this Period  
100.00

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

Mailing Address P.O. Box 6960

City Beverly Hills	State CA	Zip Code 90212
-----------------------	-------------	-------------------

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

Name of Employer Integrated Transportation Serv	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2013

**Transaction ID : SA11AI.5610**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 25 OF 33
	<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**

Full Name (Last, First, Middle Initial)  
**A. Jonna Sabroff**

Mailing Address P.O. Box 6960

City State Zip Code  
Beverly Hills CA 90212

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

Name of Employer Occupation  
Integrated Transportation Serv President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 16 / 2013  
**Transaction ID : SA11AI.5641**

Amount of Each Receipt this Period  
100.00

Full Name (Last, First, Middle Initial)  
**B. Douglas Schwartz**

Mailing Address 2714 Ellen Road

City State Zip Code  
Bellmore NY 11710

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

Name of Employer Occupation  
Executive Limousine President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 21 / 2013  
**Transaction ID : SA11AI.5626**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 2714 Ellen Road

City State Zip Code  
Bellmore NY 11710

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

Name of Employer Occupation  
Executive Limousine President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 23 / 2013  
**Transaction ID : SA11AI.5657**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 26 OF 33  
(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. 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 ▼ **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 01 / 2013  
**Transaction ID : SA11AI.5570**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. 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 ▼ **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 31 / 2013  
**Transaction ID : SA11AI.5602**

Amount of Each Receipt this Period  
**100.00**

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 ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 03 / 2013  
**Transaction ID : SA11AI.5634**

Amount of Each Receipt this Period  
**100.00**

**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: PAGE 27 OF 33  
(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. 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 ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : SA11AI.5663**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Michael Solomon**

Mailing Address 10636 49th Street NW

City Chuquiak State AK Zip Code 99567

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

Name of Employer USA Transportation 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  
 10 / 22 / 2013  
**Transaction ID : SA11AI.5594**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 10636 49th Street NW

City Chuquiak State AK Zip Code 99567

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

Name of Employer USA Transportation 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  
 11 / 20 / 2013  
**Transaction ID : SA11AI.5623**

Amount of Each Receipt this Period  
 100.00

**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: PAGE 28 OF 33  
(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. Michael Solomon**  
 Mailing Address 10636 49th Street NW  
 City State Zip Code  
 Chuqiak AK 99567  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 USA Transportation President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2013  
**Transaction ID : SA11AI.5654**  
 Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Shane Stickel**  
 Mailing Address 8295 E. 28th Avenue  
 City State Zip Code  
 Denver CO 80238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Presidential Worldwide Transpo 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  
 10 / 03 / 2013  
**Transaction ID : SA11AI.5573**  
 Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Shane Stickel**  
 Mailing Address 8295 E. 28th Avenue  
 City State Zip Code  
 Denver CO 80238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Presidential Worldwide Transpo Owner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 05 / 2013  
**Transaction ID : SA11AI.5604**  
 Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00  
**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 29 OF 33
	<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**

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

Mailing Address 8295 E. 28th Avenue

City State Zip Code  
Denver CO 80238

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

Name of Employer Occupation  
Presidential Worldwide Transpo Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 03 / 2013  
**Transaction ID : SA11AI.5635**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Doris Sutich**

Mailing Address 16 Hope Street

City State Zip Code  
Montvale NJ 07645

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

Name of Employer Occupation  
Perfect Limo Executive VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2013  
**Transaction ID : SA11AI.5590**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 16 Hope Street

City State Zip Code  
Montvale NJ 07645

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

Name of Employer Occupation  
Perfect Limo Executive VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 19 / 2013  
**Transaction ID : SA11AI.5619**

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 30 OF 33
	<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**

Full Name (Last, First, Middle Initial) <b>A. Doris Sutich</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 17 / 2013 <b>Transaction ID : SA11AI.5650</b>
Mailing Address 16 Hope Street		Amount of Each Receipt this Period 25.00
City Montvale	State NJ	Zip Code 07645
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Perfect Limo	Occupation Executive VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>B. Dieu Tiet</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 15 / 2013 <b>Transaction ID : SA11AI.5577</b>
Mailing Address 3134 Brokow Street		Amount of Each Receipt this Period 125.00
City Honolulu	State HI	Zip Code 96815
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Durke's Limousine Inc.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7825.00

**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 Bnkcd Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2013

Transaction ID : SB21B.5565

Amount of Each Disbursement this Period

83.32

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

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
11 / 05 / 2013

Transaction ID : SB21B.5603

Amount of Each Disbursement this Period

72.77

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 Bnkcd Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2013

Transaction ID : SB21B.5631

Amount of Each Disbursement this Period

69.55

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

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

225.64

# 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. Windy City Transportation Company

Mailing Address 9377 West Grand Avenue

City State Zip Code  
Franklin Park IL 60131

Purpose of Disbursement  
In kind contribution of sedan services to Donnelly Campaign

Candidate Name  
**DONNELLY FOR INDIANA**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: IN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2013

Transaction ID : SB21B.5670

Amount of Each Disbursement this Period

1445.70
---------

### B.

Full Name (Last, First, Middle Initial)

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

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

Amount of Each Disbursement this Period

--

### C.

Full Name (Last, First, Middle Initial)

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

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

Amount of Each Disbursement this Period

--

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

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

1445.70
---------

1671.34
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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)

<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. DONNELLY FOR INDIANA**

Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement  
Windy City Transportation Company in kind contribution to Donnelly Campaign

Candidate Name

**DONNELLY FOR INDIANA**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	3

**Transaction ID : SB23.5673**

Amount of Each Disbursement this Period

1	4	4	5	.	7	0
---	---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. MORAN FOR KANSAS**

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement  
Political Contribution

Candidate Name

**MORAN FOR KANSAS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	1	3

**Transaction ID : SB23.5566**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. SEAN PATRICK MALONEY FOR CONGRESS**

Mailing Address PO BOX 270

City NEWBURGH State NY Zip Code 12550

Purpose of Disbursement  
Political Contribution

Candidate Name

**SEAN PATRICK MALONEY FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	1	3

**Transaction ID : SB23.5629**

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2	0	0	0	.	0	0
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2	0	0	0	.	0	0
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