TAXICAB, LIMOUSINE &
PARATRANSIT ASSOCIATION

Representing taxicab, limousine, sedan, airport shuttle, paratransit, Medicaid & non-emergency medical fleets worldwide.

RECEIVED
FEC MAIL CENTER

2008 FEB -4 AM 10: 04

February 1, 2008

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

RE: 2007 Year-End Report for C00132480
2008 Statement of Organization — Update

Dear Sir or Madam:

Enclosed you will find out Year-End report and an updated Statement of Organization for our PAC. We tried to have the report ready by yesterday, but could not find the bank statement. Our offices moved on January 21, 2008, and staff has been unpacking ever since. It just took us a little longer to find the PAC bank statement for December 2007 than we expected. We found the bank statement and reconciled it today.

Please let us know if there is any other action we need to take at this time to be in full compliance with the FEC's requirements.

Regards,

Alfred LaGasse
TLPA/PAC Treasurer

Taxicab Division • Limousine & Sedan Division • Paratransit & Contracting Division
3200 Tower Oaks Boulevard, Suite 220, Rockville, MD 20852 • 301-984-5700 • [*fax*] 301-984-5703 • info@tlpa.org • www.tlpa.org

RECEIVED
FEC MAIL CENTER
2008 FEB -4 AM 10: 04

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

TAXICAB LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE (TLPA PAC)

ADDRESS (number and street) 3200 TOWER OAKS BLVD SUITE 220

☐ (Check if address is changed)

ROCKVILLE | MD | 20852-

CITY | STATE | ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

INFO@TLPA.ORG

ALAGASSE@TLPA.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

301-984-5703

2. DATE 01 / 31 / 2008

3. FEC IDENTIFICATION NUMBER C00132480

4. IS THIS STATEMENT ☐ NEW (N) OR ☑ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Alfred B. LaGasse, III

Signature of Treasurer [signature] Date 01 / 31 / 2008

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

FE3AN042.PDF

28030620140

5. TYPE OF COMMITTEE (Check One)

(a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation ☐ Office Sought: ☐ House ☐ Senate ☐ President State ☐ District ☐

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

(e) ☒ This committee is a separate segregated fund.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

TAXICAB LIMOUSINE & PARATRANSIT ASSOCIATION

Mailing Address 3200 TOWER OAKS BLVD SUITE 220

ROCKVILLE MD 20852-

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☒ Trade Association ☐ Cooperative

28020396141

Write or Type Committee Name

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER

Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer ALFRED B LAGASSE III

Mailing Address 3200 TOWER OAKS BLVD SUITE 220

ROCKVILLE MD 20852-

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

TREASURER

Telephone number 301-984-5700

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

28039620142

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SUNTRUST

Mailing Address PO BOX 622227

ORLANDO FL 32862-2227

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

28031962014

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☑ Overnight Delivery Service (Specify): Fed. Exp	Shipping Date 2/1/08
Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
[signature] PREPARER	2/4/08 DATE PREPARED

(3/2005)

28039520144