

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) INTERNATIONAL TAXICAB ASSOCIATION POLITICAL ACTION COMMITTEE	RECEIVED FEDERAL ELECTION COMMISSION DEC 2 12 PM '98
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 3849 FARRAGUT AVE.	2. FEC IDENTIFICATION NUMBER C00132480
CITY, STATE and ZIP CODE KENSINGTON, MD 20895	3. <input type="checkbox"/> This committee has qualified as a non-candidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the _____
 (Type of Election)
 election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
 on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/98</u> through <u>11/23/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 18,143.31
(b) Cash on Hand at Beginning of Reporting Period	\$ 17,193.31	
(c) Total Receipts (from Line 19)	\$ 7,150.00	\$ 14,200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 24,343.31	\$ 32,343.31
7. Total Disbursements (from Line 20)	\$ 0	\$ 8,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 24,343.31	\$ 24,343.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

Type or Print Name of Treasurer ALFRED LAGASSE	Date
Signature of Treasurer 	12/2/98

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

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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD		
<i>International Tactical Association PAC</i>		FROM <i>10/1/98</i>	TO <i>11/23/98</i>	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			11(a)(1)
i.	Itemized (use Schedule A)	<i>7,050⁰⁰</i>	<i>13,750⁰⁰</i>	11(a)(1)
ii.	Unitemized	<i>100⁰⁰</i>	<i>450⁰⁰</i>	11(a)(2)
ii.	Total (add i and ii) >	<i>7,150⁰⁰</i>	<i>14,200⁰⁰</i>	11(a)(3)
b.	Political Party Committees			11(b)
c.	Other Political Committees (such as PACs)			11(c)
d.	Total Contributions (add a, b, and c) >	<i>7,150⁰⁰</i>	<i>14,200⁰⁰</i>	11(d)
12.	Transfers From Affiliated/Other Party Committees			12
13.	All Loans Received			13
14.	Loan Repayments Received			14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17.	Other Federal Receipts (Dividends, Interest, etc.)			17
18.	Transfers from Nonfederal Account for Joint Activity			18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>7,150⁰⁰</i>	<i>14,200⁰⁰</i>	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	<i>7,150⁰⁰</i>	<i>14,200⁰⁰</i>	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(1)
i.	Federal Share			21(a)(2)
ii.	Non-Federal Share			21(b)
b.	Other Federal Operating Expenditures			21(c)
c.	Total Operating Expenditures (add a, b, and c) >			22
22.	Transfers to Affiliated/Other Party Committees	<i>0</i>	<i>8,000⁰⁰</i>	23
23.	Contributions to Federal Candidates/Committees and Other Political Committees			24
24.	Independent Expenditures (use Schedule E)			25
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26.	Loan Repayments Made			27
27.	Loans Made			
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees			28(a)
b.	Political Party Committees			28(b)
c.	Other Political Committees (such as PACs)			28(c)
d.	Total Contribution Refunds (add a, b and c) >			28(d)
29.	Other Disbursements	<i>0</i>	<i>8,000⁰⁰</i>	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>0</i>	<i>8,000⁰⁰</i>	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	<i>0</i>	<i>8,000⁰⁰</i>	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	<i>7,150⁰⁰</i>	<i>14,200⁰⁰</i>	32
33.	Total Contribution Refunds (from line 28d)			33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	<i>7,150⁰⁰</i>	<i>14,200⁰⁰</i>	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36.	Offsets to Operating Expenditures (from line 15)			36
37.	Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

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)

International Taxicat Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Palmeri 2129 W. Rosecrans Gardena, CA 90249	LA TAXI CO. OP	11/2/98	300 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.	Aggregate Year-to-Date > \$ 300 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ferry Stagle 1619 E. Lincoln Ave Anaheim, CA 92805	Yellow Cab	11/2/98	300 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.	Aggregate Year-to-Date > \$ 300 ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Barnes 2128 Trumbull Ave. Detroit, MI 48216	Checker Cab	11/2/98	300 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	Aggregate Year-to-Date > \$ 300 ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerilyn Ugaste 259 South Blvd. Oak Park, IL 60302	Blue Cab	11/2/98	300 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.	Aggregate Year-to-Date > \$ 300 ⁰⁰	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Hunt 3801 W. Morris St. Indianapolis, IN 46241	Yellow Cab	11/2/98	300 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.	Aggregate Year-to-Date > \$ 300 ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Victor Degangoff 20 Darwin Dr. Manalapan, NJ 07726	Black Car Assistance Corp.	11/2/98	300 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	Aggregate Year-to-Date > \$ 300 ⁰⁰	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Campolongo 5931 Ellsworth Ave. Pittsburgh, PA 15206	Yellow Cab	11/2/98	300 ⁰⁰
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.	Aggregate Year-to-Date > \$ 300 ⁰⁰	

SUBTOTAL of Receipts This Page (optional)

2,100⁰⁰

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

International Taxicat Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Seareff 324 W. Gore St. Orlando, FL 32806 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	City Cab Occupation: V.P. Aggregate Year-to-Date > \$ 1,000 ⁰⁰	11/2/98 1,000 ⁰⁰	1,000 ⁰⁰
Judith Sargation 6304 Sewells Point Rd Norfolk, VA 23513 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Norview Care Occupation: V.P. Aggregate Year-to-Date > \$ 750 ⁰⁰	11/2/98 750 ⁰⁰	750 ⁰⁰
Jerry Williams 5320 Old Penaville Rd Charlotte, NC 28217 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Yellow Cab Occupation: Pres. Aggregate Year-to-Date > \$ 600 ⁰⁰	11/2/98 600 ⁰⁰	600 ⁰⁰
Joseph Chernow 1406 Hays St Houston, TX 77009 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Yellow Cab Occupation: Pres Aggregate Year-to-Date > \$ 500 ⁰⁰	11/2/98 500 ⁰⁰	500 ⁰⁰
Robert Werth 3025 Mount Vernon Ave Alexandria, VA 22305 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Diamond Transport Occupation: Pres Aggregate Year-to-Date > \$ 500 ⁰⁰	11/2/98 500 ⁰⁰	500 ⁰⁰
James Mc Lary 5904 Richmond Highway #403 Alexandria, VA 22303 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Southeast Transit Mgt. Occupation: Pres Aggregate Year-to-Date > \$ 500 ⁰⁰	11/2/98 500 ⁰⁰	500 ⁰⁰
Gene Hauch 531 Van Ness Ave. Torrance, CA 90501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Tamarack Transport Occupation: Pres. Aggregate Year-to-Date > \$ 500 ⁰⁰	11/2/98 500 ⁰⁰	500 ⁰⁰

SUBTOTAL of Receipts This Page (optional) 4,350⁰⁰

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)

International Taxicab Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<p>Guy Thomas 4530 Wisconsin Ave NW Washington, DC 20016</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Carey Timoussine</p> <p>Occupation: V.P.</p> <p>Aggregate Year-to-Date > \$ 300⁰⁰</p>	<p>11/2/98</p>	<p>300⁰⁰</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Nicholas Cambas P.O. Box 14907 Clearwater, FL 33766</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Yellow Cab</p> <p>Occupation: V.P.</p> <p>Aggregate Year-to-Date > \$ 300⁰⁰</p>	<p>11/2/98</p>	<p>300⁰⁰</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Edward K. Alby</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

600⁰⁰


TOTAL This Period (last page this line number only)

7,050⁰⁰

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 12/2/98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	12/3/98 DATE PREPARED