



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Alfred B. Lagasse III, Treasurer  
Taxicab Limousine & Paratransit Association  
Political Action Committee (TLPA PAC)  
3849 Farragut Avenue  
Kensington, MD 20895

OCT 3 2001

Identification Number: C00132480

Reference: October Quarterly Report (7/1/00-9/30/00)

Dear Mr. Lagasse:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule B of your report (pertinent portion(s) attached) discloses a contribution(s) which appears to exceed the limits set forth in the Act. 2 U.S.C. §441a(a) precludes a committee from making contributions to another political committee and its affiliates in excess of \$5,000 per calendar year.

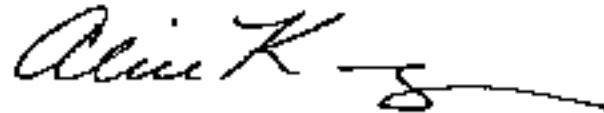
If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should notify the recipient and request a refund of the amount in excess of \$5,000.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of the refund request sent to the recipient committee(s). In addition, any refunds should be disclosed on Schedule A supporting Line 16 of the report covering the period during which they are received.

Although the Commission may take further legal action regarding the excessive contribution(s), your prompt action in obtaining a refund will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

A handwritten signature in cursive script, appearing to read "Alice Kang", followed by a long horizontal flourish.

Alice Kang  
Reports Analyst  
Report Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE NUMBER	

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 Taxicab and Limousine Associates Political Action Committee*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Brad Shuster for Congress Comm. P.O. Box 329 Altoona, PA 16603</i>	<i>support re-election from PA to U.S House</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7/20/00</i>	<i>\$3,000<sup>00</sup></i>
<i>Victory 2000 9205 S. Dadeland Blvd. #417 Miami, FL 33156</i>	<i>Support republican party federal election</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8/25/00</i>	<i>\$10,000<sup>00</sup></i>
<i>Citizens for Tom Petri 4451 Brookfield Corp Dr. #200 Chantilly, VA 20151</i>	<i>Support re-election from VA to House</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9/26/00</i>	<i>\$1,000<sup>00</sup></i>
<i>Friends of Clay Shaw 4451 Brookfield Corp Dr. #417 Chantilly, VA 20151</i>	<i>support re-election from FL to House</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9/26/00</i>	<i>\$1,000<sup>00</sup></i>
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	<i>\$15,000<sup>00</sup></i>
TOTAL This Period (last page this line number only)	

