

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2003 AUG -5 P 12 24  
Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: It typing, type over the lines.

12FE4MS

Taxicab, Limousine & Paratransit Association Political Action Committee

ADDRESS (number and street)

3849 Farragut Avenue

Check if different than previously reported. (ACC)

Kensington

M.D.

20895

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00132480

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)

(c) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)

Election on

In the State of

(c) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

In the State of

5. Covering Period

01 01 2003

through

06 30 2003

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

Signature of Treasurer

Date

07 31 2003

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

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form BX (Revised 1/01)

Page 2

Write or Type Committee Name

Taxicab, Limousine &amp; Paratransit Association Political Action Committee

Report Covering the Period:

From:

01 01 2003

To:

06 30 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2003		39,908.65
(b) Cash on Hand at Beginning of Reporting Period	39,908.65	
(c) Total Receipts (from Line 1B)	3,600.00	3,600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43,508.65	43,508.65
7. Total Disbursements (from Line 3D)	11,500.00	11,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32,008.65	32,008.65
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

Taxicab, Limousine & Paratransit Association Political Action Committee

Report Covering the Period: From: **01/01/2003** To: **06/30/2003**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) from:		
(a) Individual/Persons Other Than Political Committees (i) Itemized (use Schedule A) .....	3600.00	
(ii) Unitemized .....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	3600.00	3600.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	3600.00	3600.00
12. Transfers From Affiliated/Other Party Committees .....		
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....		
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	3600.00	3600.00
20. Total Federal Receipts (subtract Line 16 from Line 19) .....	3600.00	3600.00

DETAILED SUMMARY PAGE  
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	11,500.00	11,500.00
24. Independent Expenditures (Use Schedule E) .....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(c)) (Use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	11,500.00	11,500.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) .....	11,500.00	11,500.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	36,000.00	36,000.00
33. Total Contribution Refunds (from Line 28(d)) .....		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	36,000.00	36,000.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
36. Offsets to Operating Expenditures (from Line 15, page 3) .....		
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....		

SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 1 OF 3		
	(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

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)  
Taxicab, Limousine & Paratransit Association Political Action Committee

A. Full Name (Last, First, Middle Initial)  
M. B. Breda, President

Mailing Address  
20169 W. 3rd St.  
City Cleveland OH Zip Code 44113

FEC ID number of contributing federal political committee: C

Name of Employer: Yellow Cab Occupation: President

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 600.00

Date of Receipt: 05/02/2003

Amount of Each Receipt this Period: 600.00

B. Full Name (Last, First, Middle Initial)  
H. H. H. H. H. H.

Mailing Address  
531 Van Ness  
City Torrance CA Zip Code 90501

FEC ID number of contributing federal political committee: C

Name of Employer: L. A. Super Shuttle Occupation: President

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 05/02/2003

Amount of Each Receipt this Period: 500.00

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

Mailing Address  
Liberty Communications, 1524 Karam Ave.  
City Buffalo NY Zip Code 14216

FEC ID number of contributing federal political committee: C

Name of Employer: Liberty Communications Occupation: President

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 500.00

Date of Receipt: 05/02/2003

Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional): 1600.00

TOTAL This Period (last page this line number only):

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedulers for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 2 OF 3

<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 16	<input type="checkbox"/> 11d 18	<input type="checkbox"/> 11e 17
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NAME OF COMMITTEE (In Full)

Taxicab, Limousine & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Shapiro, Larry E.

Mailing Address

1391 Corona Ave.

City

North

State

CA

Zip Code

92860

FEC ID number of contributing federal political committee.

C

Date of Receipt

05 / 30 / 2003

Amount of Each Receipt this Period

500.00

Name of Employer

Yellow Cab N.P.C.

Occupation

Pres.

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

B. Wattson, Alfred B.

Mailing Address

1 Spartan Ct.

City

Olney

State

MD

Zip Code

20832

FEC ID number of contributing federal political committee.

C

Date of Receipt

05 / 30 / 2003

Amount of Each Receipt this Period

500.00

Name of Employer

Taxicab, Limousine & Paratransit Ass.

Occupation

Exec. V.P.

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

C. Hewitt, Richard L.

Mailing Address

14480 138th Fwy

City

Alpharetta

State

GA

Zip Code

30004

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 16 / 2003

Amount of Each Receipt this Period

500.00

Name of Employer

Checker Cab Co.

Occupation

President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

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 3 OF 3
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	<input type="checkbox"/>	<input type="checkbox"/>	

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NAME OF COMMITTEE (in full)  
**Taxicab, Limousine & Paratransit Association Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Cambar, Nicholas A.**

Mailing Address  
**2939 Elysium Way**

City  
**Clearwater** State **FL** Zip Code **33759**

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

Name of Employer  
**Bay Area Yellow Cab** Occupation **V.P.**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date **500.00**

Date of Receipt  
**06 / 16 / 2003**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL of Receipts This Page (optional)** **3600.00**

**TOTAL This Period (last page this line number only)** **3600.00**

**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)	PAGE 1 OF 3					
		<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"/> 29c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)  
Taxicab, Limousine & Paratransit Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial) Washington for Dan Young

Mailing Address P.O. Box 7024

City Arlington State VA Zip Code 22207

Purpose of Disbursement re-election fundraiser Category/Type 011

Candidate Name Dan Young

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: AK District: at large

Date of Disbursement: 03/05/2002

Amount of Each Disbursement this Period: 2000.00

**B.** Full Name (Last, First, Middle Initial) Mico for Congress

Mailing Address P.O. Box 181546

City Casselberry State FL Zip Code 32718

Purpose of Disbursement re-election fundraiser Category/Type 011

Candidate Name John Mico

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: FL District: 7

Date of Disbursement: 03/05/2003

Amount of Each Disbursement this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial) Citizens for Tom Petri

Mailing Address 4451 Greenfield Court Dr. # 200

City Chantilly State VA Zip Code 20151

Purpose of Disbursement re-election fundraiser Category/Type 011

Candidate Name Tom Petri

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: WI District: 6

Date of Disbursement: 03/26/2003

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) 5000.00

TOTAL This Period (last page this line number only)



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)								PAGE 2 OF 3
	<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

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NAME OF COMMITTEE (in full)  
Taxicab, Limousine & Paratransit Association Political Action Committee

A. Full Name (Last, First, Middle Initial): Midnight Sun PAC

Mailing Address: 203 Maryland Ave. NE

City: Washington State: DC Zip Code: 20007

Purpose of Disbursement: To support election of Republicans in AK

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: AK District: \_\_\_\_\_

Date of Disbursement: 04 / 14 / 2003

Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

B. Full Name (Last, First, Middle Initial): Shelby for U.S. Senate

Mailing Address: P.O. Box 1091

City: Tuscaloosa State: AL Zip Code: 35403

Purpose of Disbursement: re-election fundraiser

Candidate Name: Richard Shelby

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: AL District: \_\_\_\_\_

Date of Disbursement: 04 / 15 / 2003

Amount of Each Disbursement this Period: 2000.00

Category/Type: 011

C. Full Name (Last, First, Middle Initial): Shelby for U.S. Senate

Mailing Address: P.O. Box 1091

City: Tuscaloosa State: AL Zip Code: 35403

Purpose of Disbursement: re-election fundraiser

Candidate Name: Richard Shelby

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: AL District: \_\_\_\_\_

Date of Disbursement: 04 / 07 / 2003

Amount of Each Disbursement this Period: 1000.00

Category/Type: \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional): 5500.00

TOTAL This Period (last page this line number only): \_\_\_\_\_

# 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"/> 21	<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"/> 29

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NAME OF COMMITTEE (in Full)

Taxicab, Limousine & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

*Nadler for Congress*

06 / 25 / 2003

Mailing Address

*Village Station, P.O. Box 40*

City: *New York* State: *NY* Zip Code: *10014*

Amount of Each Disbursement this Period

1,000.00

Purpose of Disbursement

*re-election fundraiser*

011  
Category/Type

Candidate Name

*Harold Nadler*

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify)

State: *NY* District: *8*

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify)

State: District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,500.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 8/9/03
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (RC)
<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	
<i>AK</i> PREPARER	8/9/03 DATE PREPARED