

# 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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2020 through 09 / 30 / 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Gomez, Alice, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Gomez, Alice, , , [Electronically Filed] Date 10 / 15 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2020"/>		55715.00
(b) Cash on Hand at Beginning of Reporting Period.....	53345.12	
(c) Total Receipts (from Line 19) .....	840.00	2730.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	54185.12	58445.00
7. Total Disbursements (from Line 31).....	3126.13	7386.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	51058.99	51058.99
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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  
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. 05/2016)

Write or Type Committee Name

**National Limousine Association Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2020 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2020

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).....	775.00	1625.00
(ii) Unitemized .....	65.00	1105.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	840.00	2730.00
(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) .....	840.00	2730.00
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)).....▶	840.00	2730.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	840.00	2730.00

**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 .....	126.13	386.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	126.13	386.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	7000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	3126.13	7386.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3126.13	7386.01

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	840.00	2730.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	840.00	2730.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	126.13	386.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	126.13	386.01

**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 12
<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**

**A. Assolin, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16335 N Greenfield  
 City Spring State TX Zip Code 77379  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nikko's Worldwide Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 14 / 2020  
**Transaction ID : SA11AI.6792**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Individual Credit Card Contribution

**B. Assolin, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16335 N Greenfield  
 City Spring State TX Zip Code 77379  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nikko's Worldwide Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 14 / 2020  
**Transaction ID : SA11AI.6798**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Individual Credit Card Contribution

**C. Assolin, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16335 N Greenfield  
 City Spring State TX Zip Code 77379  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Nikko's Worldwide Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 16 / 2020  
**Transaction ID : SA11AI.6802**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Individual Credit Card Contribution

<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 7 OF 12
	<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

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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Boccio, Carla, , ,

Mailing Address 214 Ridgewood Drive

City Amherst	State NY	Zip Code 14226
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Buffalo Limousine	Occupation (for Individual) Owner
--	--------------------------------------

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
07		27		2020

**Transaction ID : SA11AI.6794**

Amount of Each Receipt this Period  
100.00

Memo Item  
Individual Credit Card Contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Boccio, Carla, , ,

Mailing Address 214 Ridgewood Drive

City Amherst	State NY	Zip Code 14226
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Buffalo Limousine	Occupation (for Individual) Owner
--	--------------------------------------

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
08		27		2020

**Transaction ID : SA11AI.6799**

Amount of Each Receipt this Period  
100.00

Memo Item  
Individual Credit Card Contribution

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Boccio, Carla, , ,

Mailing Address 214 Ridgewood Drive

City Amherst	State NY	Zip Code 14226
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Buffalo Limousine	Occupation (for Individual) Owner
--	--------------------------------------

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
09		27		2020

**Transaction ID : SA11AI.6803**

Amount of Each Receipt this Period  
100.00

Memo Item  
Individual Credit Card Contribution

<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 8 OF 12  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Canady, Laura, , ,**

Mailing Address 1547 Dutchman Circle

City Iron Station	State NC	Zip Code 28080
----------------------	-------------	-------------------

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

Name of Employer (for Individual) CLT Express Livery	Occupation (for Individual) Co-Owner
---	---

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  
 07 / 27 / 2020

**Transaction ID : SA11AI.6795**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Individual Credit Card Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Canady, Laura, , ,**

Mailing Address 1547 Dutchman Circle

City Iron Station	State NC	Zip Code 28080
----------------------	-------------	-------------------

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

Name of Employer (for Individual) CLT Express Livery	Occupation (for Individual) Co-Owner
---	---

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  
 08 / 27 / 2020

**Transaction ID : SA11AI.6800**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Individual Credit Card Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Canady, Laura, , ,**

Mailing Address 1547 Dutchman Circle

City Iron Station	State NC	Zip Code 28080
----------------------	-------------	-------------------

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

Name of Employer (for Individual) CLT Express Livery	Occupation (for Individual) Co-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  
 09 / 27 / 2020

**Transaction ID : SA11AI.6804**

Amount of Each Receipt this Period  
 50.00

Memo Item  
 Individual Credit Card Contribution

<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: PAGE 9 OF 12  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**LeCamu, Gary, , ,**

Mailing Address 1046 Austin St

City Hempstead	State TX	Zip Code 77445
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Diamond Limousine	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	29	/	2020

**Transaction ID : SA11AI.6805**

Amount of Each Receipt this Period  
25.00

Memo Item  
Individual Credit Card Contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25.00
<b>TOTAL</b> This Period (last page this line number only).....	775.00

**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"/> 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

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)

**A. Alliant Merchant Services**

Mailing Address 552 Fort Evans Rd  
Suite 202

City  
Leesburg

State  
VA

Zip Code  
20176

Purpose of Disbursement  
Credit Card Processing Fee

001

Category/  
Type

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
07		02		2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6806

Amount of Each Disbursement this Period

[REDACTED]	25.80
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**B. Alliant Merchant Services**

Mailing Address 552 Fort Evans Rd  
Suite 202

City  
Leesburg

State  
VA

Zip Code  
20176

Purpose of Disbursement  
Billing Fee

001

Category/  
Type

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
07		02		2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6812

Amount of Each Disbursement this Period

[REDACTED]	16.11
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

**C. Alliant Merchant Services**

Mailing Address 552 Fort Evans Rd  
Suite 202

City  
Leesburg

State  
VA

Zip Code  
20176

Purpose of Disbursement  
Billing Fee

001

Category/  
Type

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
08		03		2020

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6813

Amount of Each Disbursement this Period

[REDACTED]	16.36
------------	-------

Memo Item

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

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

[REDACTED]	58.27
------------	-------

[REDACTED]	
------------	--

**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"/> 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

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)

**A. Alliant Merchant Services**

Mailing Address 552 Fort Evans Rd  
Suite 202

City Leesburg State VA Zip Code 20176

Purpose of Disbursement  
Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.6809**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Alliant Merchant Services**

Mailing Address 552 Fort Evans Rd  
Suite 202

City Leesburg State VA Zip Code 20176

Purpose of Disbursement  
Credit Card Processing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.6811**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Alliant Merchant Services**

Mailing Address 552 Fort Evans Rd  
Suite 202

City Leesburg State VA Zip Code 20176

Purpose of Disbursement  
Billing Fee

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.6814**  
Amount of Each Disbursement this Period

Memo Item

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

**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"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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

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)

**A. COLLINS FOR SENATOR**

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement  
2020 General Contribution

Category/  
Type

Candidate Name  
**COLLINS, SUSAN M., , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: ME District: 00

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB23.6821**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. JOSH GOTTHEIMER FOR CONGRESS**

Mailing Address PO BOX 584

City RIDGEWOOD State NJ Zip Code 07451

Purpose of Disbursement  
2020 General Contribution

Category/  
Type

Candidate Name  
**GOTTHEIMER, JOSH, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NJ District: 05

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB23.6816**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. TOM REED FOR CONGRESS**

Mailing Address PO BOX 94

City CORNING State NY Zip Code 14830

Purpose of Disbursement  
2020 General Contribution

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼  
State: NY District: 23

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB23.6818**

Amount of Each Disbursement this Period

Memo Item

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

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