

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 Marlon NJ 08053

2. FEC IDENTIFICATION NUMBER C C00359380 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2017 through 12 / 31 / 2017

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

Signature of Treasurer Hammerschmidt, Kyle, , , [Electronically Filed] Date 01 / 30 / 2018

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)

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="2017"/>	<input type="text" value="49143.06"/>	<input type="text" value="49143.06"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="51905.30"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1950.00"/>	<input type="text" value="8000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="53855.30"/>	<input type="text" value="57143.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1109.65"/>	<input type="text" value="4397.41"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="52745.65"/>	<input type="text" value="52745.65"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

National Limousine Association Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	1875.00	5525.00
(ii) Unitemized	75.00	2475.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1950.00	8000.00
(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)	1950.00	8000.00
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)).....▶	1950.00	8000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1950.00	8000.00

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	1109.65	1397.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1109.65	1397.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	3000.00
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)) ..	1109.65	4397.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1109.65	4397.41

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1950.00	8000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1950.00	8000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1109.65	1397.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1109.65	1397.41

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 18
<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. Balaban, Brad, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 880 Pinehurst Dr

City Las Vegas	State NV	Zip Code 89109
-------------------	-------------	-------------------

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

Name of Employer (for Individual) ODS Chauffeured Transportation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2017

Transaction ID : SA11AI.6427

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 880 Pinehurst Dr

City Las Vegas	State NV	Zip Code 89109
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ODS Chauffeured Transportation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	10	/	2017

Transaction ID : SA11AI.6432

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 880 Pinehurst Dr

City Las Vegas	State NV	Zip Code 89109
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) ODS Chauffeured Transportation	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : SA11AI.6439

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 7 OF 18
	<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	

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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
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2017

Transaction ID : SA11AI.6410

Amount of Each Receipt this Period
100.00

Memo Item

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
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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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2017

Transaction ID : SA11AI.6418

Amount of Each Receipt this Period
100.00

Memo Item

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
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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
09		12		2017

Transaction ID : SA11AI.6423

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 8 OF 18
	<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	

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Boccio, Carla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 **10 / 11 / 2017**
Transaction ID : SA11AI.6428
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Boccio, Carla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 **11 / 13 / 2017**
Transaction ID : SA11AI.6433
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Boccio, Carla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 1000.00

Date of Receipt **12 / 12 / 2017**
Transaction ID : SA11AI.6440
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: PAGE 9 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Canady, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 07 / 07 / 2017
Transaction ID : SA11AI.6408
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Canady, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 08 / 08 / 2017
Transaction ID : SA11AI.6416
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Canady, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 09 / 07 / 2017
Transaction ID : SA11AI.6422
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
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: PAGE 10 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Name of Employer (for Individual) CLT Express Livery	Occupation (for Individual) Co-Owner
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2017

Transaction ID : SA11AI.6426

Amount of Each Receipt this Period
50.00

Memo Item

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
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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 ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2017

Transaction ID : SA11AI.6431

Amount of Each Receipt this Period
50.00

Memo Item

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

Name of Employer (for Individual) CLT Express Livery	Occupation (for Individual) Co-Owner
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2017

Transaction ID : SA11AI.6438

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 11 OF 18
<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

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Epstein, Jon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Greenfield Hill

City Sparta	State NJ	Zip Code 07871
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Royal Coachman Worldwide	Occupation (for Individual) President
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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	/	11	/	2017

Transaction ID : SA11AI.6409

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 8201 Harrods View Court

City Prospect	State KY	Zip Code 40059
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) R&R Limousine	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

Transaction ID : SA11AI.6407

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 39 Wabuda Place

City Shelton	State CT	Zip Code 06484
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) On Time Transport Inc.	Occupation (for Individual) President
---	--

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	/	14	/	2017

Transaction ID : SA11AI.6412

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 12 OF 18
<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

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Nisberg, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 Wabuda Place

City Shelton	State CT	Zip Code 06484
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) On Time Transport Inc.	Occupation (for Individual) President
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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	/	15	/	2017

Transaction ID : SA11AI.6419

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 39 Wabuda Place

City Shelton	State CT	Zip Code 06484
-----------------	-------------	-------------------

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

Name of Employer (for Individual) On Time Transport Inc.	Occupation (for Individual) President
---	--

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	/	14	/	2017

Transaction ID : SA11AI.6425

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 39 Wabuda Place

City Shelton	State CT	Zip Code 06484
-----------------	-------------	-------------------

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

Name of Employer (for Individual) On Time Transport Inc.	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	16	/	2017

Transaction ID : SA11AI.6429

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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 13 OF 18
<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

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Nisberg, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 Wabuda Place

City Shelton	State CT	Zip Code 06484
-----------------	-------------	-------------------

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

Name of Employer (for Individual) On Time Transport Inc.	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2017

Transaction ID : SA11AI.6435

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 39 Wabuda Place

City Shelton	State CT	Zip Code 06484
-----------------	-------------	-------------------

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

Name of Employer (for Individual) On Time Transport Inc.	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2017

Transaction ID : SA11AI.6442

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 4559 Lander Road

City Orange Village	State OH	Zip Code 44022
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Company Car	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
08	/	01	/	2017

Transaction ID : SA11AI.6414

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
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 14 OF 18
<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

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Qua, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4559 Lander Road
 City Orange Village State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Company Car Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 28 / 2017
Transaction ID : SA11AI.6415
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Qua, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4559 Lander Road
 City Orange Village State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Company Car Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 11 / 2017
Transaction ID : SA11AI.6430
 Amount of Each Receipt this Period 50.00
 Memo Item
 S.M. QUA PAC DONATION

C. Qua, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4559 Lander Road
 City Orange Village State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Company Car Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 10 / 2017
Transaction ID : SA11AI.6436
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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: PAGE 15 OF 18
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Qua, Steve, , ,

Mailing Address 4559 Lander Road

City Orange Village State OH Zip Code 44022

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

Name of Employer (for Individual) Company Car Occupation (for Individual) Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 11 / 10 / 2017
Transaction ID : SA11AI.6437

Amount of Each Receipt this Period
 50.00

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	50.00
TOTAL This Period (last page this line number only).....	1875.00

**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

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens Bank

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement
Merchant Bankcard Fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.6406
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement
Merchant Bankcard Fee

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.6413
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens Bank

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.6421
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 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

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NAME OF COMMITTEE (In Full)

National Limousine Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens Bank

Mailing Address 791 E. Route 70

City
Marlton

State
NJ

Zip Code
08053

Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			03			2017			

FEC Identification Number

C []
Transaction ID : SB21B.6446
 Amount of Each Disbursement this Period
 [] 15.93

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address 791 E. Route 70

City
Marlton

State
NJ

Zip Code
08053

Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2017			

FEC Identification Number

C []
Transaction ID : SB21B.6444
 Amount of Each Disbursement this Period
 [] 15.93

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens Bank

Mailing Address 791 E. Route 70

City
Marlton

State
NJ

Zip Code
08053

Purpose of Disbursement
Bank Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2017			

FEC Identification Number

C []
Transaction ID : SB21B.6443
 Amount of Each Disbursement this Period
 [] 15.83

Memo Item

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

[] 47.69

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 18 OF 18
	<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	

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Cornerstone Government Affairs LLC		Date of Disbursement
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y Y Y
Mailing Address 300 Independence Avenue, SE		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2017"/>
City Washington	State DC	Zip Code 20003
Purpose of Disbursement PAC Management Fee		FEC Identification Number C
Candidate Name		Transaction ID : SB21B.6420
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:		Category/Type <input type="text" value="001"/>

B.		Date of Disbursement
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y Y Y
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period <input type="text"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type <input type="text"/>
State: District:		

C.		Date of Disbursement
Full Name (Last, First, Middle Initial)		M M / D D / Y Y Y Y Y Y
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Purpose of Disbursement		FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period <input type="text"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="checkbox"/> Memo Item
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type <input type="text"/>
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="1109.65"/>