

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2018 JAN 23 PM 2:33
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

TAXI CAB LIMOUSINE & PARATRANSIT ASSOCIATION
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 3200 TOWER OAKS BLVD SUITE 220

Check if different than previously reported. (ACC) ROCKVILLE MD 20852

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00132480

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on / / in the State of

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
----------------------------------------	---------------------------------------	----------------------------------------

Election on / / in the State of

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.

Type or Print Name of Treasurer ALFRED LAGASSE

Signature of Treasurer  Date 01 / 19 / 2018

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										
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FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **MEM 07** / **DD 01** / **YYYYYY 2017** To: **MEM 12** / **DD 31** / **YYYYYY 2017**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017		86,731.49
(b) Cash on Hand at Beginning of Reporting Period.....	84,231.49	
(c) Total Receipts (from Line 19)	13,000.00	13,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	97,231.49	99,731.49
7. Total Disbursements (from Line 31).....	0.00	25,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	97,231.49	97,231.49
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
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. 06/2004)

Page 3

Write or Type Committee Name

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

MM / DD / YYYY
07 / 01 / 2017

To:

MM / DD / YYYY
12 / 31 / 2017

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).....

1300000

1300000

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1300000

1300000

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1300000

1300000

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 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

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000

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1300000

1300000

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1300000

1300000

NON-FEDERAL ACCOUNT

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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		
(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.....	0.00	2500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (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. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	2500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	2500.00

UNIVERSITY MICROFILMS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	0.00	2500.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	2500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

NON-FEDERAL CAMPAIGN FINANCING

**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 1 OF 9
	<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

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. **Houston, Elles**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **5804 Oporto Madrid Blvd S.**
 City: **Birmingham** State: **AL** Zip Code: **53210**
 Date of Receipt: **09 / 19 / 2017**
 Amount of Each Receipt this Period: **500.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Yellow Cab** Occupation: **Transportation Executive**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: **500.00**

B. **Kinos, Dwight**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **2100 Huntingdon Ave**
 City: **Baltimore** State: **MD** Zip Code: **21211**
 Date of Receipt: **09 / 19 / 2017**
 Amount of Each Receipt this Period: **500.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Transfer on Demand** Occupation: **Transportation Executive**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: **500.00**

C. **Palmeri, Anthony**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **3473 Kurtz St.**
 City: **San Diego** State: **CA** Zip Code: **92110**
 Date of Receipt: **09 / 19 / 2017**
 Amount of Each Receipt this Period: **500.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Yellow Radio Service** Occupation: **Transportation Executive**
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: **500.00**

SUBTOTAL of Receipts This Page (optional).....▶ **1,500.00**
 TOTAL This Period (last page this line number only).....▶

2017-09-19 11:00 AM

**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 2 OF 9
	<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)
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

A. **Smayda, William H**
Full Name (Last, First, Middle Initial)
Mailing Address
581 South 2nd St.
City **Memphis** State **TN** Zip Code **38126**

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

Name of Employer **Premier Transportation** Occupation **Transportation Executive**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 19 / 2017

Amount of Each Receipt this Period
500.00

B. **Swystun, Judith**
Full Name (Last, First, Middle Initial)
Mailing Address
6304 Sewells Point Rd
City **Norfolk** State **VA** Zip Code **23513**

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

Name of Employer **Black & White Cabs** Occupation **Transportation Executive**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 19 / 2017

Amount of Each Receipt this Period
500.00

C. **Wier, Brian**
Full Name (Last, First, Middle Initial)
Mailing Address
14500 N. Northlight Blvd # 329
City **Scottsdale** State **AZ** Zip Code **85260**

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

Name of Employer **Super Shuttle** Occupation **Transportation Executive**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 19 / 2017

Amount of Each Receipt this Period
500.00

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

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

1,500.00

20170919 10:00 AM

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **3** OF **9**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Combes, Nicholas
Mailing Address
17174 U.S. 19 N.
City **Clearwater** State **FL** Zip Code **33764**
FEC ID number of contributing federal political committee. **C**
Name of Employer **United Taxi** Occupation **Transportation Executive**
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt
09 / 29 / 2017
Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Baldstein, Ira
Mailing Address
30 Well Street
City **New York** State **NY** Zip Code **10005**
FEC ID number of contributing federal political committee. **C**
Name of Employer **Black Car Fund** Occupation **Transportation Executive**
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt
09 / 29 / 2017
Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Rouse, Mitchell
Mailing Address
2129 W. Rosecrans Ave
City **Cardena** State **CA** Zip Code **90249**
FEC ID number of contributing federal political committee. **C**
Name of Employer **United Checker Cab Co-Op** Occupation **Transportation Exec.**
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt
09 / 29 / 2017
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1,500.00**
TOTAL This Period (last page this line number only).....

2018-01-11 10:01:00 AM

**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 4 OF 9
	<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

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NAME OF COMMITTEE (In Full)
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Rouse, William		Date of Receipt 09 / 29 / 2017
Mailing Address 2129 W. Rosecrans Ave.		Amount of Each Receipt this Period 500.00
City Gardena	State Zip Code CA 90249	
FEC ID number of contributing federal political committee. C		
Name of Employer L.A. Yellow Cab Co-op	Occupation Transportation Exec.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Scagi, William		Date of Receipt 09 / 29 / 2017
Mailing Address 65 Industry Rd Dr		Amount of Each Receipt this Period 500.00
City West Haven	State Zip Code CT 06516	
FEC ID number of contributing federal political committee. C		
Name of Employer Metro Taxi	Occupation Transportation Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Amato, Sam		Date of Receipt 10 / 03 / 2017
Mailing Address 1550 Gilbreth Rd		Amount of Each Receipt this Period 500.00
City Burlingame	State Zip Code CA 94010	
FEC ID number of contributing federal political committee. C		
Name of Employer Gateway Global	Occupation Transportation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	1,500.00
TOTAL This Period (last page this line number only).....	

2017-10-03 10:00:00 AM

**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 <u>5</u> OF <u>9</u>
	<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	

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NAME OF COMMITTEE (In Full)
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Griffin, Judy

Mailing Address
3252 Palm Ave

City
Fort Myers State
FL Zip Code
33901

FEC ID number of contributing federal political committee.
C

Name of Employer
SWFL Transportation Group Occupation
Transport Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 03 / 2017

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Goedel, Alan

Mailing Address
4299 Crenwood Pkwy

City
Cleveland State
OH Zip Code
44128

FEC ID number of contributing federal political committee.
C

Name of Employer
Louise A Ridd Occupation
Transportation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 03 / 2017

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Rosenberg, Murray

Mailing Address
3301 Artie Ave

City
Atlantic City State
NJ Zip Code
08401

FEC ID number of contributing federal political committee.
C

Name of Employer
Yellow Cab Occupation
Transport. Exec.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 03 / 2017

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **1,500.00**

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

2017-10-03 10:00:00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **6** OF **9**
(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
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Campolongo, James

Mailing Address

1825 Liverpool St

City

Pittsburgh

State

PA

Zip Code

15233

FEC ID number of contributing federal political committee.

C

Name of Employer

Pittsburgh Transportation Group

Occupation

Transport Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2017

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gillespie, James

Mailing Address

2060 Newcomb Ave

City

San Francisco

State

CA

Zip Code

94124

FEC ID number of contributing federal political committee.

C

Name of Employer

Yellow Cab

Occupation

Transportation Executive

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2017

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Hewatt, Richard

Mailing Address

563 Talbert Ave. NW

City

Atlanta

State

GA

Zip Code

30309

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 18 / 2017

Amount of Each Receipt this Period

500.00

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

1,500.00

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

1,500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE **7** OF **9**
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **Linchard, Michael**

Mailing Address

4600 W. Camelback Rd

City

Glendale

State

AZ

Zip Code

85301

FEC ID number of contributing federal political committee.

C

Date of Receipt

10 / 18 / 2017

Amount of Each Receipt this Period

500.00

Name of Employer

Total Transit

Occupation

Transportation Executive

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

B. **Potter, Judith**

Mailing Address

4665 W. Bancroft St.

City

Toledo

State

OH

Zip Code

43615

FEC ID number of contributing federal political committee.

C

Date of Receipt

10 / 18 / 2017

Amount of Each Receipt this Period

500.00

Name of Employer

Black & White Transport.

Occupation

Transport. Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

C. **Slagle, Lortz**

Mailing Address

13591 Harbor Blvd

City

Garden Grove

State

CA

Zip Code

92843

FEC ID number of contributing federal political committee.

C

Date of Receipt

10 / 18 / 2017

Amount of Each Receipt this Period

500.00

Name of Employer

Yellow Cab

Occupation

Transport. Exec

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

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

1,500.00

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

1,500.00

2017-10-18 10:10:10 AM

**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 9
(check only one)

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

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NAME OF COMMITTEE (In Full)
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

A. **Smarelli, Mary**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **424 W. Cherry St**
 City: **Milwaukee** State: **WI** Zip Code: **53212**
 Date of Receipt: **10 / 18 / 2017**
 Amount of Each Receipt this Period: **1,000.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Transit Express** Occupation: **Transportation Executive**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **1,000.00**

B. **Yuhake, William**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1524 Kenmare Ave**
 City: **Buffalo** State: **NY** Zip Code: **14216**
 Date of Receipt: **10 / 18 / 2017**
 Amount of Each Receipt this Period: **500.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Liberty Cab** Occupation: **Transport. Exec**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **500.00**

C. **O'Toole, Terrence**
 Full Name (Last, First, Middle Initial)
 Mailing Address: **1300 Lydia Ave.**
 City: **Kansas City** State: **MO** Zip Code: **64106**
 Date of Receipt: **10 / 30 / 2017**
 Amount of Each Receipt this Period: **500.00**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **Transfer on Demand** Occupation: **Transportation Exec.**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **500.00**

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

2,000.00

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

2017-10-18 10:30:00 AM

**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 **9**
(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)
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Silva, Lawrence
 Mailing Address
1880 S. Seventh St
 City **San Jose** State **CA** Zip Code **95112**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Yellow Checker Cab** Occupation **Transportation Exec.**
 Receipt For:
 Primary General
 Other (specify) **▼**
 Aggregate Year-to-Date **500.00**

Date of Receipt
10 / 30 / 2017
 Amount of Each Receipt this Period
500.00

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

Full Name (Last, First, Middle Initial)
C.
 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) **13000.00**
 TOTAL This Period (last page this line number only) **13000.00**

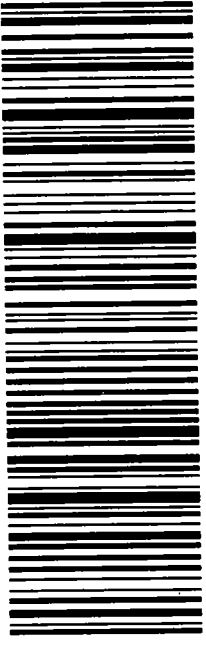
2017-10-30 10:00 AM

Pull to open.

WED - 24 JAN AA
EXPRESS SAVER

20463
DC-US
IAD

SK RDVA



FID 5211786 19JAN18 GATA 546C1/8048/80C8A

Form ID No. 0215

Recipient's Copy

FedEx Express Package US Airbill

1 From Date 1-24-18
 Sender's Name T L P ASSOCIATION
 Company
 Address 3200 TOWER OAKS BLVD STE 220
 City ROCKVILLE State MD ZIP 20852-4265
 Dept./Room/Suite/Room

2 Your Internal Billing Reference
 3 To Recipient's Name
 Company
 Address
 City State DC ZIP 20463

06328045
 00012
 00076
 22309
 0125727282
 8111 6747 8011

Sender: You must seal flap before shipping.

fedex.com 1800.GoFedEx 1800.463.3339

4 Express Package Service *To most locations.
 Packages up to 150 lbs. For packages over 150 lbs., use the FedEx Express Regular US Airbill.

Next Business Day
 FedEx First Overnight
 FedEx Priority Overnight
 FedEx Standard Overnight

2 or 3 Business Days
 FedEx 2Day AM
 FedEx 2Day

5 Packaging *Declared value limit
 FedEx Envelope * F
 FedEx
 Other

6 Special Handling and /
 Saturday Delivery
 Signature Required
 No Signature Required
 Direct Signature
 Direct Signature

7 Payment Bill to:
 Sender
 Recipient
 Third Party
 Credit Card
 Cash/Check

Total Packages Total Weight lbs.
 Obtain recip. Acct. No. Cash/Check
 Acct. No. Credit Card



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>1/19/2018</i>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER *MP*

1/23/2018
DATE PREPARED

NON-FEDERAL ELECTION DOCUMENT