

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

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period

[MM] / [DD] / [YYYY] 07 / 01 / 2019 through [MM] / [DD] / [YYYY] 12 / 31 / 2019

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

[MM] / [DD] / [YYYY] 01 / 31 / 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.

Office Use Only

FEC FORM 3X Rev. 05/2016

**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="2019"/>	<input type="text" value="49738.17"/>	<input type="text" value="49738.17"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="49863.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9970.00"/>	<input type="text" value="13770.00"/>
(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="59833.09"/>	<input type="text" value="63508.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4118.09"/>	<input type="text" value="7793.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="55715.00"/>	<input type="text" value="55715.00"/>
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).....	9100.00	11300.00
(ii) Unitemized	870.00	2070.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9970.00	13370.00
(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)	9970.00	13370.00
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	400.00
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)).....▶	9970.00	13770.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9970.00	13770.00

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	589.09	764.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	589.09	764.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3529.00	7029.00
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)) ..	4118.09	7793.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4118.09	7793.17

DETAILED SUMMARY PAGE
of Disbursements

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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)	9970.00	13370.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9970.00	13370.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	589.09	764.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	589.09	764.17

**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 23
<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 ▼ 1000.00

Date of Receipt 07 / 01 / 2019
Transaction ID : SA11AI.6700
 Amount of Each Receipt this Period 1000.00
 Memo Item
 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 ▼ 1100.00

Date of Receipt 08 / 15 / 2019
Transaction ID : SA11AI.6701
 Amount of Each Receipt this Period 100.00
 Memo Item
 Recurring 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 ▼ 1200.00

Date of Receipt 09 / 16 / 2019
Transaction ID : SA11AI.6702
 Amount of Each Receipt this Period 100.00
 Memo Item
 Recurring Credit Card Contribution

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 23
	<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. 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 ▼ 1300.00

Date of Receipt 10 / 12 / 2019
Transaction ID : SA11AI.6703
 Amount of Each Receipt this Period 100.00
 Memo Item
 Recurring 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 ▼ 1400.00

Date of Receipt 11 / 14 / 2019
Transaction ID : SA11AI.6704
 Amount of Each Receipt this Period 100.00
 Memo Item
 Recurring 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 ▼ 1500.00

Date of Receipt 12 / 16 / 2019
Transaction ID : SA11AI.6705
 Amount of Each Receipt this Period 100.00
 Memo Item
 Recurring Credit Card Contribution

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 8 OF 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Barenholtz, Brett, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Meadowbrook Road
 City Weston State MA Zip Code 02493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boston Car Service Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2019
Transaction ID : SA11AI.6659
 Amount of Each Receipt this Period 250.00
 Memo Item
 Credit Card Contribution

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 ▼ 700.00

Date of Receipt 07 / 29 / 2019
Transaction ID : SA11AI.6661
 Amount of Each Receipt this Period 100.00
 Memo Item
 Recurring Credit Card Contribution

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 ▼ 800.00

Date of Receipt 08 / 14 / 2019
Transaction ID : SA11AI.6662
 Amount of Each Receipt this Period 100.00
 Memo Item
 Recurring Credit Card Contribution

SUBTOTAL of Receipts This Page (optional).....	450.00
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 9 OF 23
<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. 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 08 / 27 / 2019
Transaction ID : SA11AI.6663
 Amount of Each Receipt this Period 100.00
 Memo Item
 Recurring Credit Card Contribution

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 ▼ 1000.00

Date of Receipt 09 / 27 / 2019
Transaction ID : SA11AI.6664
 Amount of Each Receipt this Period 100.00
 Memo Item
 Recurring Credit Card Contribution

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 ▼ 1100.00

Date of Receipt 10 / 25 / 2019
Transaction ID : SA11AI.6665
 Amount of Each Receipt this Period 100.00
 Memo Item
 Recurring Credit Card Contribution

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 10 OF 23
<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. 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 ▼ 1200.00

Date of Receipt 11 / 27 / 2019
Transaction ID : SA11AI.6660
 Amount of Each Receipt this Period 100.00
 Memo Item
 Recurring Contribution

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 ▼ 1300.00

Date of Receipt 12 / 27 / 2019
Transaction ID : SA11AI.6666
 Amount of Each Receipt this Period 100.00
 Memo Item
 Recurring Credit Card Contribution

C. Brodsky, Jeff, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5401 Tech Circle
 City Moorpark State CA Zip Code 93021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chosen Payments Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 01 / 2019
Transaction ID : SA11AI.6692
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Credit Card Contribution

SUBTOTAL of Receipts This Page (optional).....	5200.00
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 23
<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. 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

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2019

Transaction ID : SA11AI.6695

Amount of Each Receipt this Period
50.00

Memo Item
 Recurring Credit Card Contribution

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2019

Transaction ID : SA11AI.6696

Amount of Each Receipt this Period
50.00

Memo Item
 Recurring Credit Card Contribution

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		27		2019

Transaction ID : SA11AI.6697

Amount of Each Receipt this Period
50.00

Memo Item
 Recurring Credit Card Contribution

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 12 OF 23
<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. Forgy, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10515 Ensley Lane
 City Leawood State KS Zip Code 66206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Overland Limousine Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 01 / 2019
Transaction ID : SA11AI.6673
 Amount of Each Receipt this Period 250.00
 Memo Item
 Credit Card Contribution

B. Forgy, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10515 Ensley Lane
 City Leawood State KS Zip Code 66206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Overland Limousine Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 29 / 2019
Transaction ID : SA11AI.6674
 Amount of Each Receipt this Period 50.00
 Memo Item
 Recurring Credit Card Contribution

C. Forgy, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10515 Ensley Lane
 City Leawood State KS Zip Code 66206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Overland Limousine Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 14 / 2019
Transaction ID : SA11AI.6675
 Amount of Each Receipt this Period 50.00
 Memo Item
 Recurring Credit Card Contribution

SUBTOTAL of Receipts This Page (optional).....	350.00
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 23
<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. Forgy, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10515 Ensley Lane
 City Leawood State KS Zip Code 66206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Overland Limousine Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 27 / 2019
Transaction ID : SA11AI.6676
 Amount of Each Receipt this Period 50.00
 Memo Item
 Recurring Credit Card Contribution

B. Forgy, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10515 Ensley Lane
 City Leawood State KS Zip Code 66206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Overland Limousine Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 27 / 2019
Transaction ID : SA11AI.6677
 Amount of Each Receipt this Period 50.00
 Memo Item
 Recurring Credit Card Contribution

C. Forgy, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10515 Ensley Lane
 City Leawood State KS Zip Code 66206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Overland Limousine Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 25 / 2019
Transaction ID : SA11AI.6678
 Amount of Each Receipt this Period 50.00
 Memo Item
 Recurring Credit Card Contribution

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 14 OF 23
<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. Forgy, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10515 Ensley Lane
 City Leawood State KS Zip Code 66206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Overland Limousine Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 27 / 2019
Transaction ID : SA11AI.6679
 Amount of Each Receipt this Period 50.00
 Memo Item
 Recurring Credit Card Contribution

B. Forgy, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10515 Ensley Lane
 City Leawood State KS Zip Code 66206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Overland Limousine Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 12 / 27 / 2019
Transaction ID : SA11AI.6680
 Amount of Each Receipt this Period 50.00
 Memo Item
 Recurring Credit Card Contribution

C. Kinney, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4900 Willow Vale Way
 City Elk Grove State CA Zip Code 95758
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) API Global Transportation Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2019
Transaction ID : SA11AI.6668
 Amount of Each Receipt this Period 250.00
 Memo Item
 Credit Card Contribution

SUBTOTAL of Receipts This Page (optional).....	350.00
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 15 OF 23
	<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. Reindl, Erich, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11435 Brittmoores Park Drive
 City Houston State TX Zip Code 77056
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Avanti Transportation Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2019
Transaction ID : SA11AI.6682
 Amount of Each Receipt this Period 250.00
 Memo Item
 Credit Card Contribution

B. Rubin, Rosina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Tor Terrace
 City New York City State NY Zip Code 10956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Attitude New York Occupation (for Individual) Operator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2019
Transaction ID : SA11AI.6706
 Amount of Each Receipt this Period 250.00
 Memo Item
 Credit Card Contribution

C. Trabb, Barry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Ford Lane
 City Roseland State NJ Zip Code 07068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Complete Fleet Livery Sales Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 27 / 2019
Transaction ID : SA11AI.6652
 Amount of Each Receipt this Period 50.00
 Memo Item
 Recurring Contribution

SUBTOTAL of Receipts This Page (optional).....	550.00
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 16 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

A. Trabb, Barry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Ford Lane
 City Roseland State NJ Zip Code 07068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Complete Fleet Livery Sales Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 29 / 2019
Transaction ID : SA11AI.6653
 Amount of Each Receipt this Period 50.00
 Memo Item
 Recurring Credit Card Contribution

B. Trabb, Barry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Ford Lane
 City Roseland State NJ Zip Code 07068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Complete Fleet Livery Sales Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 12 / 30 / 2019
Transaction ID : SA11AI.6654
 Amount of Each Receipt this Period 50.00
 Memo Item
 Recurring Credit Card Contribution

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).....▶	100.00
TOTAL This Period (last page this line number only).....▶	9100.00

**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. Alliant Merchant Services

Mailing Address 552 Fort Evans Rd
Suite 202

City Leesburg State VA Zip Code 20176

Purpose of Disbursement
June 2019 Credit Card Processing Fees

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
07 / 02 / 2019

FEC Identification Number

Transaction ID : SB21B.6709
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
June 2019 Gateway Billing Fees

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
07 / 02 / 2019

FEC Identification Number

Transaction ID : SB21B.6717
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
Credit Card Swiper

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
07 / 03 / 2019

FEC Identification Number

Transaction ID : SB21B.6723
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. Alliant Merchant Services

Mailing Address 552 Fort Evans Rd
Suite 202

City
Leesburg

State
VA

Zip Code
20176

Purpose of Disbursement
July 2019 Credit Card Processing Fees

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
0	8		0	2		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6712

Amount of Each Disbursement this Period

1	9	.	2	7
---	---	---	---	---

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
July 2019 Gateway Billing Fees

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
0	8		0	2		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6718

Amount of Each Disbursement this Period

1	6	.	0	0
---	---	---	---	---

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
August 2019 Gateway Billing Fees

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
0	9		0	2		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6719

Amount of Each Disbursement this Period

1	8	.	9	7
---	---	---	---	---

Memo Item

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

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

5	4	.	2	4
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**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. Alliant Merchant Services

Mailing Address 552 Fort Evans Rd
Suite 202

City Leesburg State VA Zip Code 20176

Purpose of Disbursement
August 2019 Credit Card Processing Fees

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.6713
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
September 2019 Credit Card Processing Fees

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.6714
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
September 2019 Gateway Billing Fees

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.6720
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. Alliant Merchant Services

Mailing Address 552 Fort Evans Rd
Suite 202

City Leesburg State VA Zip Code 20176

Purpose of Disbursement
October 2019 Credit Card Processing Fees

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.6715
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
October 2019 Gateway Billing Fees

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.6721
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
November 2019 Gateway Billing Fees

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.6722
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

A. Alliant Merchant Services

Full Name (Last, First, Middle Initial)

Mailing Address 552 Fort Evans Rd
Suite 202

City Leesburg State VA Zip Code 20176

Purpose of Disbursement November 2019 Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B.6716

Amount of Each Disbursement this Period: 25.95

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	25.95
TOTAL This Period (last page this line number only).....▶	573.11

**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

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

A. PETERS FOR MICHIGAN

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 32072
LSNYDER@MBACG.COM

City: DETROIT State: MI Zip Code: 48244

Purpose of Disbursement: 2020 Primary Contribution

Candidate Name: _____

Office Sought: House Senate President
State: MI District: 00

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement: 11 / 01 / 2019

FEC Identification Number: C00437889
Transaction ID : SB23.6725
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. Windy City Limousine

Full Name (Last, First, Middle Initial)
Mailing Address 2801 S. 25th Avenue

City: Broadview State: IL Zip Code: 60155

Purpose of Disbursement: Limousine Reservation

Candidate Name: BOYLE, BRENDAN F, , ,

Office Sought: House Senate President
State: PA District: 02

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement: 09 / 26 / 2019

FEC Identification Number: C H4PA13199
Transaction ID : SB23.6727
Amount of Each Disbursement this Period: 1529.00

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: _____
 Primary General
 Other (specify) ▼

Date of Disbursement: _____ / _____ / _____

FEC Identification Number: C _____
Amount of Each Disbursement this Period: _____

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3529.00
TOTAL This Period (last page this line number only).....▶	3529.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.6727

In-Kind Contribution to Rep. Boyle

Form/Schedule:

Transaction ID: