

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 23 P 1:36

USE FEC MAILING LABEL
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) INTERNATIONAL INTERNATIONAL TAXICAB and LIVERY ASSOCIATION POLITICAL ACTION COMM.	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 3849 FARRAGUT AVE.	2. FEC IDENTIFICATION NUMBER C00132480
CITY, STATE and ZIP CODE KENSINGTON, MD 20895	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- 12-Day Pre-Election Report for the GENERAL (Type of Election)
 election on NOV 7 in the State of _____
- 30-Day Post-Election Report following the General Election
 on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/00</u> through <u>10/18/00</u>		
6. (a) Cash on Hand January 1, <u>8000</u>		\$ 40,066.65
(b) Cash on Hand at Beginning of Reporting Period	\$ 29,216.65	
(c) Total Receipts (from Line 19)	\$ 7,060.00	\$ 14,210.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 36,276.65	\$ 54,276.65
7. Total Disbursements (from Line 20)	\$ 0	\$ 18,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 36,276.65	\$ 36,276.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	For further information contact: Federal Election Commission 939 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-434-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0	

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	Date 10/20/00
Signature of Treasurer 	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE <i>International Taxicab Drivers Association P.A.C.</i>	REPORT COVERING PERIOD FROM <i>10/1/00</i> TO: <i>10/13/00</i>	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	5,320	12,470
ii. Unitemized	1,740	1,740
iii. Total (add i and ii) >	7,060	14,210
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a ii, b and c) >	7,060	14,210
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	7,060	14,210
20. Total Federal Receipts (subtract line 18 from line 19) >	7,060	14,210
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) >		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	18,000
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) >		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	0	18,000
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	0	18,000
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	7,060	14,210
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,060	14,210
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) >		

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

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)

International Taxicab and Limousine Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Robert Searcy 8660 Chickasaw Farms Ln. Orlando, FL 32825</i>	<i>City Cab</i>	<i>10/13/00</i>	<i>1,000⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Gen. Mgr.</i>	Aggregate Year-to-Date > \$ <i>2,000</i>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Brian Hunt 5713 Amethyst Ave. Alta Loma, CA 91737</i>	<i>Diversified Personnel</i>	<i>10/13/00</i>	<i>600⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Pres.</i>	Aggregate Year-to-Date > \$ <i>600⁰⁰</i>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Gary Thomas 4538 Wisconsin Ave. NW Washington, DC 20016</i>	<i>Carey Limousine</i>	<i>10/13/00</i>	<i>600⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Pres.</i>	Aggregate Year-to-Date > \$ <i>600⁰⁰</i>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Mark Joseph 7120 Fairfax Rd Bethesda, MD 20814</i>	<i>Yellow Cab</i>	<i>10/13/00</i>	<i>500⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Pres.</i>	Aggregate Year-to-Date > \$ <i>500⁰⁰</i>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Gene Hauch 4119 Calle De Primavera Torrance, CA 90505</i>	<i>Super Shuttle L.A.</i>	<i>10/13/00</i>	<i>500⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Pres.</i>	Aggregate Year-to-Date > \$ <i>500⁰⁰</i>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Martin Zuber 3601 N. Prospect Dr. Coconut Grove, FL 33133</i>	<i>Coach USA</i>	<i>10/13/00</i>	<i>400⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>V.P.</i>	Aggregate Year-to-Date > \$ <i>400⁰⁰</i>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
<i>Diana Loop P.O. Box 2141 Avalon, CA 90704</i>	<i>Catalina Transportation</i>	<i>10/13/00</i>	<i>350⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Pres.</i>	Aggregate Year-to-Date > \$ <i>350⁰⁰</i>	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

International Taxicab and Limousine Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>William Yuhake</i> <i>58 Arlington Rd.</i> <i>Williamsville, NY 14221</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<i>Liberty Taxi</i> Occupation: <i>Pres.</i> Aggregate Year-to-Date > \$ <i>300⁰⁰</i>	<i>10/13/00</i>	<i>300⁰⁰</i>
B. Full Name, Mailing Address and ZIP Code <i>Jan Johns</i> <i>641 W. Willow #105</i> <i>Chicago, IL 60614</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: <i>Yellow Cab</i> Occupation: <i>V.P.</i> Aggregate Year-to-Date > \$ <i>300⁰⁰</i>	<i>10/13/00</i>	<i>300⁰⁰</i>
C. Full Name, Mailing Address and ZIP Code <i>Murray Rosenberg</i> <i>242 Center St.</i> <i>Tuckerton, NJ 08087</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: <i>Yellow Cab</i> Occupation: <i>Pres.</i> Aggregate Year-to-Date > \$ <i>300⁰⁰</i>	<i>10/13/00</i>	<i>300⁰⁰</i>
D. Full Name, Mailing Address and ZIP Code <i>Daniel Leonas</i> <i>762 Empire Rd.</i> <i>Portland, ME 04274</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: <i>City Cab</i> Occupation: <i>Pres</i> Aggregate Year-to-Date > \$ <i>100⁰⁰</i>	<i>10/13/00</i>	<i>100⁰⁰</i>
E. Full Name, Mailing Address and ZIP Code <i>Ronald Stappelman</i> <i>800 Palisade Ave #1601</i> <i>Fort Lee, NJ 07024</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer: <i>Irene Tearing</i> Occupation: <i>Pres.</i> Aggregate Year-to-Date > \$ <i>370⁰⁰</i>	<i>10/13/00</i>	<i>370⁰⁰</i>
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5,320⁰⁰

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>10-21-02</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMN</i> PREPARER	<i>10-23-02</i> DATE PREPARED