

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

JUL 29 9 30 AM '93

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. F
C 00132480 041191
ALFRED B LAGASSE III
INTERNATIONAL TAXICAB ASSOCIAT
ION POLITICAL ACTION COMMITTEE
3349 FARRAGUT AVE
KENSINGTON MD 20895

2. FEC IDENTIFICATION NUMBER
3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on (date).

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

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
 Thirtieth day 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	1/1/93 through 6/30/93		
6. (a) Cash on Hand January 1, 1993			\$ 29,458.58
(b) Cash on Hand at Beginning of Reporting Period		\$ 29,458.58	
(c) Total Receipts (from Line 19)		\$ 2,207.73	\$ 2,207.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 31,666.31	\$ 31,666.31
7. Total Disbursements (from Line 30)		\$ 4,500.00	\$ 4,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 27,166.31	\$ 27,166.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0	

For further information contact:
Federal Election Commission
999 E-Street, NW
Washington, DC 20469
Toll Free 800-424-9530
Local 202-219-3420

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: *[Handwritten Signature]* Date: **7/26/93**

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

SCHEDULE A

ITEMIZED RECEIPTS

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 Taxicat and Zering Association Political Action Comm.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Ronald Stoppetmann 41-51 22nd St Long Island City, NY 11101</i>	<i>Irene Zering</i>	<i>6/30/93</i>	<i>300⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>CEO</i>	Aggregate Year-to-Date > \$	
<i>Andrew Stoppelman 41-51 22nd St Long Island City, NY 11101</i>	<i>Irene Zering</i>	<i>6/30/93</i>	<i>300⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>mgr</i>	Aggregate Year-to-Date > \$	
<i>PA. Taxicat & Paratruvit Assn PAC 615 Elm St Reading PA</i>	<i>PT PA/PAC State PAC</i>	<i>5/28/93</i>	<i>1,157.73</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
<i>James Barton 1207 Maryland Covington, KY 41011</i>	<i>Deluxe - Yellow</i>	<i>5/28/93</i>	<i>250⁰⁰</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Pres</i>	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	<i>2,007.73</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate 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 Taxicat and Living Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Tom DeJoy Congressional Comm. 4010 Francouia Rd Alexandria, VA 22310</i>	TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/93	\$1,000 ⁰⁰
<i>Friends of Jennifer Dunn 790 N. Vermont SE Burlington, VA 22203</i>	WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/30/93	\$500 ⁰⁰
<i>Minutes for Congress P.O. Box 65873 Washington DC 20035</i>	CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/93	\$1,000 ⁰⁰
<i>Friends of Clay Shaw Comm. 3869 Beech Down Dr Charlottesville, VA 22021</i>	FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/12/93	1,000 ⁰⁰
<i>Fautenberg Committee 236 Morsakhurst Ln. NE #306 Washington, DC 20002</i>	NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/25/93	1,000 ⁰⁰
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$4,500⁰⁰

