

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 C C00359380 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 07 / 01 / 2014 through 09 / 30 / 2014

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 Philip Jagiela

Signature of Treasurer Philip Jagiela [Electronically Filed] Date 10 / 07 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2014"/> | <input type="text" value="84398.57"/> | <input type="text" value="84398.57"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="76731.27"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="4425.00"/> | <input type="text" value="20060.00"/> |
| (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="81156.27"/> | <input type="text" value="104458.57"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="3151.60"/> | <input type="text" value="26453.90"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="78004.67"/> | <input type="text" value="78004.67"/> |
| 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)..... | 4300.00 | 15650.00 |
| (ii) Unitemized | 125.00 | 4410.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 4425.00 | 20060.00 |
| (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) | 4425.00 | 20060.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 4425.00 | 20060.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 4425.00 | 20060.00 |

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 | 151.60 | 953.90 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 151.60 | 953.90 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 3000.00 | 25500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(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 | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(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)) .. | 3151.60 | 26453.90 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 3151.60 | 26453.90 |

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) | 4425.00 | 20060.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 4425.00 | 20060.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 151.60 | 953.90 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 151.60 | 953.90 |

**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 16
(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)
National Limousine Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Ahmed Atris

Mailing Address 42897 Vestals Gap Drive

City Ashburn State VA Zip Code 20148

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

Name of Employer US Sedan Service, Inc. Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
07 / 18 / 2014
Transaction ID : SA11AI.5831

Amount of Each Receipt this Period
100.00

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

Mailing Address 214 Ridgewood Drive

City Amherst State NY Zip Code 14226

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

Name of Employer Buffalo Limousine Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
07 / 20 / 2014
Transaction ID : SA11AI.5837

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Carla Boccio

Mailing Address 214 Ridgewood Drive

City Amherst State NY Zip Code 14226

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

Name of Employer Buffalo Limousine Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
08 / 20 / 2014
Transaction ID : SA11AI.5844

Amount of Each Receipt this Period
100.00

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 7 OF 16 |
| | <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. Carla Boccio
Full Name (Last, First, Middle Initial)

Mailing Address 214 Ridgewood Drive

City Amherst State NY Zip Code 14226

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

Name of Employer Buffalo Limousine Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2014

Transaction ID : SA11AI.5852

Amount of Each Receipt this Period
100.00

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

Mailing Address 5400 Tech Circle

City Moorpark State CA Zip Code 93021

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

Name of Employer Chosen Payments Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2014

Transaction ID : SA11AI.5836

Amount of Each Receipt this Period
100.00

C. Jeffrey Brodsley
Full Name (Last, First, Middle Initial)

Mailing Address 5400 Tech Circle

City Moorpark State CA Zip Code 93021

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

Name of Employer Chosen Payments Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11AI.5843

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 16 |
| <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. Jeffrey Brodsley
Full Name (Last, First, Middle Initial)
Mailing Address 5400 Tech Circle
City Moorpark State CA Zip Code 93021
FEC ID number of contributing federal political committee. **C**
Name of Employer Chosen Payments Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 20 / 2014
Transaction ID : SA11AI.5855
Amount of Each Receipt this Period 100.00

B. Williams Carter
Full Name (Last, First, Middle Initial)
Mailing Address 2903 Allerford Court
City Cedar Park State TX Zip Code 78613
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Execucar of Austin Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 20 / 2014
Transaction ID : SA11AI.5835
Amount of Each Receipt this Period 200.00

C. Williams Carter
Full Name (Last, First, Middle Initial)
Mailing Address 2903 Allerford Court
City Cedar Park State TX Zip Code 78613
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation Execucar of Austin Owner
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 08 / 20 / 2014
Transaction ID : SA11AI.5845
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 16 |
| <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. Williams Carter
Full Name (Last, First, Middle Initial)
Mailing Address 2903 Allerford Court
City Cedar Park State TX Zip Code 78613
FEC ID number of contributing federal political committee. **C**
Name of Employer Execucar of Austin Occupation Owner
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1400.00**

Date of Receipt **09 / 20 / 2014**
Transaction ID : SA11AI.5851
Amount of Each Receipt this Period **200.00**

B. Marguerite Farrell
Full Name (Last, First, Middle Initial)
Mailing Address 42 East 20th Street
City New York State NY Zip Code 10003
FEC ID number of contributing federal political committee. **C**
Name of Employer Farrell Limousine Service Occupation Managing Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1650.00**

Date of Receipt **07 / 20 / 2014**
Transaction ID : SA11AI.5832
Amount of Each Receipt this Period **250.00**

C. Marguerite Farrell
Full Name (Last, First, Middle Initial)
Mailing Address 42 East 20th Street
City New York State NY Zip Code 10003
FEC ID number of contributing federal political committee. **C**
Name of Employer Farrell Limousine Service Occupation Managing Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1900.00**

Date of Receipt **08 / 20 / 2014**
Transaction ID : SA11AI.5842
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **700.00**
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 16 |
| <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

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Marguerite Farrell | | Date of Receipt MM / DD / YYYY 09 / 20 / 2014 Transaction ID : SA11AI.5853 |
| Mailing Address 42 East 20th Street | | Amount of Each Receipt this Period 250.00 |
| City New York | State NY | Zip Code 10003 |
| FEC ID number of contributing federal political committee. C | Name of Employer Farrell Limousine Service | Occupation Managing Director |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2150.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Charlie Grimm | | Date of Receipt MM / DD / YYYY 07 / 20 / 2014 Transaction ID : SA11AI.5834 |
| Mailing Address P.O Box 243742 | | Amount of Each Receipt this Period 100.00 |
| City Anchorage | State AK | Zip Code 99524 |
| FEC ID number of contributing federal political committee. C | Name of Employer BAC Trans | Occupation President & CEO |
| 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. Charlie Grimm | | Date of Receipt MM / DD / YYYY 08 / 20 / 2014 Transaction ID : SA11AI.5847 |
| Mailing Address P.O Box 243742 | | Amount of Each Receipt this Period 100.00 |
| City Anchorage | State AK | Zip Code 99524 |
| FEC ID number of contributing federal political committee. C | Name of Employer BAC Trans | Occupation President & CEO |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| | |
|--|--------|
| 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 11 OF 16 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

Full Name (Last, First, Middle Initial)
A. Charlie Grimm

Mailing Address P.O Box 243742

| | | |
|-------------------|-------------|-------------------|
| City Anchorage | State AK | Zip Code 99524 |
|-------------------|-------------|-------------------|

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

| | |
|-------------------------------|-------------------------------|
| Name of Employer BAC Trans | Occupation President & CEO |
|-------------------------------|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2014

Transaction ID : SA11AI.5854

Amount of Each Receipt this Period
100.00

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

Mailing Address 110 Doughty Road

| | | |
|-----------------------|-------------|-------------------|
| City Pleasantville | State NJ | Zip Code 08232 |
|-----------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer Abalon DBA Avalon Limo | Occupation President |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 20 / 2014

Transaction ID : SA11AI.5833

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Jeffrey Roberts

Mailing Address 110 Doughty Road

| | | |
|-----------------------|-------------|-------------------|
| City Pleasantville | State NJ | Zip Code 08232 |
|-----------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer Abalon DBA Avalon Limo | Occupation President |
|--|-------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2014

Transaction ID : SA11AI.5846

Amount of Each Receipt this Period
50.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 200.00 |
| 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 16 |
| <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. Dawson Rutter
Full Name (Last, First, Middle Initial)
Mailing Address 280 Beacon Street #24

| | | |
|----------------|-------------|-------------------|
| City Boston | State MA | Zip Code 02116 |
|----------------|-------------|-------------------|

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

| | |
|--|---------------------|
| Name of Employer Commonwealth Worldwide | Occupation Owner |
|--|---------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 09 | | 2014 |

Transaction ID : SA11AI.5830

Amount of Each Receipt this Period
500.00

B. Dawson Rutter
Full Name (Last, First, Middle Initial)
Mailing Address 280 Beacon Street #24

| | | |
|----------------|-------------|-------------------|
| City Boston | State MA | Zip Code 02116 |
|----------------|-------------|-------------------|

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

| | |
|--|---------------------|
| Name of Employer Commonwealth Worldwide | Occupation Owner |
|--|---------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 09 | | 2014 |

Transaction ID : SA11AI.5841

Amount of Each Receipt this Period
500.00

C. Dawson Rutter
Full Name (Last, First, Middle Initial)
Mailing Address 280 Beacon Street #24

| | | |
|----------------|-------------|-------------------|
| City Boston | State MA | Zip Code 02116 |
|----------------|-------------|-------------------|

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

| | |
|--|---------------------|
| Name of Employer Commonwealth Worldwide | Occupation Owner |
|--|---------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | | 09 | | 2014 |

Transaction ID : SA11AI.5850

Amount of Each Receipt this Period
500.00

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1500.00 |
| 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 13 OF 16 (check only one) |
| <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"/> | <input type="checkbox"/> 17 |

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

| | | |
|---|----------------------------|---|
| Full Name (Last, First, Middle Initial) A. Doris Sutich | | Date of Receipt MM / DD / YYYY 07 / 01 / 2014 Transaction ID : SA11AI.5829 |
| Mailing Address 16 Hope Street | | Amount of Each Receipt this Period 50.00 |
| City Montvale | State NJ | |
| Zip Code 07645 | | Aggregate Year-to-Date ▼ 225.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Perfect Limo | Occupation Executive VP | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|----------------------------|---|
| Full Name (Last, First, Middle Initial) B. Doris Sutich | | Date of Receipt MM / DD / YYYY 08 / 01 / 2014 Transaction ID : SA11AI.5840 |
| Mailing Address 16 Hope Street | | Amount of Each Receipt this Period 50.00 |
| City Montvale | State NJ | |
| Zip Code 07645 | | Aggregate Year-to-Date ▼ 275.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Perfect Limo | Occupation Executive VP | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|---|----------------------------|---|
| Full Name (Last, First, Middle Initial) C. Doris Sutich | | Date of Receipt MM / DD / YYYY 09 / 01 / 2014 Transaction ID : SA11AI.5849 |
| Mailing Address 16 Hope Street | | Amount of Each Receipt this Period 50.00 |
| City Montvale | State NJ | |
| Zip Code 07645 | | Aggregate Year-to-Date ▼ 325.00 |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Perfect Limo | Occupation Executive VP | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 150.00 |
| TOTAL This Period (last page this line number only).....▶ | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 14 OF 16 |
| | (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"/> 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. Rick Versace
Full Name (Last, First, Middle Initial)

Mailing Address 1990 NW Boca Raton Boulevard

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Boca Raton | FL | 33432 |

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

| | |
|--------------------------------|------------|
| Name of Employer | Occupation |
| A1A Airport & Limousine Servic | President |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | | 21 | | 2014 |

Transaction ID : SA11AI.5838

Amount of Each Receipt this Period
100.00

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

Mailing Address 1990 NW Boca Raton Boulevard

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Boca Raton | FL | 33432 |

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

| | |
|--------------------------------|------------|
| Name of Employer | Occupation |
| A1A Airport & Limousine Servic | President |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | | 21 | | 2014 |

Transaction ID : SA11AI.5848

Amount of Each Receipt this Period
100.00

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

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

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 200.00 |
| TOTAL This Period (last page this line number only).....▶ | 4300.00 |

**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"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

National Limousine Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens Bank

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement
Merchant Bnkcd Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 0 | 3 | | | 2 | 0 | 1 | 4 | | |

Transaction ID : SB21B.5859

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 5 | 4 | . | 7 | 1 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement
Merchant Bnkcd Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 0 | 5 | | | 2 | 0 | 1 | 4 | | |

Transaction ID : SB21B.5862

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 4 | 8 | . | 8 | 8 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

C. Citizens Bank

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 3 | | | 2 | 0 | 1 | 4 | | |

Transaction ID : SB21B.5864

Amount of Each Disbursement this Period

| | | | | |
|---|---|---|---|---|
| 4 | 8 | . | 0 | 1 |
|---|---|---|---|---|

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | 5 | . | 1 | 6 | 0 |
|---|---|---|---|---|---|

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | 5 | . | 1 | 6 | 0 |
|---|---|---|---|---|---|

**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"/> 24 | <input type="checkbox"/> 25 | <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. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement
Contribution

011

Candidate Name

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 08 | | 05 | | 2014 |

Transaction ID : SB23.5863

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 00

Full Name (Last, First, Middle Initial)

B. PAT ROBERTS FOR US SENATE INC

Mailing Address PO BOX 433

City GREAT BEND State KS Zip Code 67530

Purpose of Disbursement
Contribution

011

Candidate Name

PAT ROBERTS FOR US SENATE INC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 23 | | 2014 |

Transaction ID : SB23.5860

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 00

Full Name (Last, First, Middle Initial)

C. SEAN PATRICK MALONEY FOR CONGRESS

Mailing Address PO BOX 270

City NEWBURGH State NY Zip Code 12550

Purpose of Disbursement
Contribution to Rep. Maloney

011

Candidate Name

SEAN PATRICK MALONEY FOR CONGRESS

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07 | | 03 | | 2014 |

Transaction ID : SB23.5857

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 18

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

| |
|---------|
| 3000.00 |
|---------|

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

| |
|---------|
| 3000.00 |
|---------|