

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Dec 13 9 27 AM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
 C00132480 021491 N 24
 ALFRED B LAGASSE III
 AD INTERNATIONAL FAXICAB ASSOCIAT
 ION POLITICAL ACTION COMMITTEE
 3349 FARRAGUT AVE
 CI KENSINGTON MD 20395

2. FEC IDENTIFICATION NUMBER
 3. 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
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election or _____
 in the State of _____

Post General Election

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/17/96</u> through <u>11/25/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 23,378.31
(b) Cash on Hand at Beginning of Reporting Period	\$ 10,278.31	
(c) Total Receipts (from Line 18)	\$ 7,200.00	\$ 19,600.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 17,478.31	\$ 42,978.31
7. Total Disbursements (from Line 30)	\$ 2,500.00	\$ 28,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 14,978.31	\$ 14,978.31
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 990 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
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

Signature of Treasurer: [Signature] Date: 12/10/96

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

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE <i>International Textile and Livery Assn. Political Action Comm</i>	REPORT COVERING PERIOD		
	FROM	TO	
	<i>10/17/96</i>	<i>11/25/96</i>	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
I. Itemized (use Schedule A)	<i>7,200.00</i>	<i>19,600.00</i>	11(a)(I)
II. Unitemized	<i>0</i>	<i>0</i>	11(a)(II)
III. Total (add I and II) >	<i>7,200.00</i>	<i>19,600.00</i>	11(a)(III)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a I, b and c) >	<i>7,200.00</i>	<i>19,600.00</i>	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	<i>7,200.00</i>	<i>19,600.00</i>	19
20. Total Federal Receipts (subtract line 18 from line 19) >	<i>7,200.00</i>	<i>19,600.00</i>	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
I. Federal Share			21(a)(I)
II. Non-Federal Share			21(a)(II)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a I, a II, and b) >			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	<i>2,500.00</i>	<i>28,000.00</i>	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	<i>2,500.00</i>	<i>28,000.00</i>	30
31. Total Federal Disbursements (subtract line 21 a II from line 30) >	<i>2,500.00</i>	<i>28,000.00</i>	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	<i>7,200.00</i>	<i>19,600.00</i>	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans) (subtract line 33 from 32)	<i>7,200.00</i>	<i>19,600.00</i>	34
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
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
W. H. Smythe III 581 S. Second Memphis, TN 38126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Yellow Cab Co. Occupation: <i>Pres.</i>	10/29/96 Aggregate Year-to-Date > 3 <i>300.00</i>	300.00
Michael Levine 22-09 Queens Plaza N. Long Island City, NY 11107 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ronart Leasing Occupation: <i>V.P.</i>	10/29/96 Aggregate Year-to-Date > 3 <i>300.00</i>	300.00
Jerry Slagle 1619 E. Lincoln Ave. Anaheim, CA 92805 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Yellow Cab Co. Occupation: <i>Pres.</i>	10/29/96 Aggregate Year-to-Date > 6 <i>300.00</i>	300.00
Benny Law 101 N. Easterday St. Dalton, GA 30721 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Dalton Taxicab Occupation: <i>Pres.</i>	10/29/96 Aggregate Year-to-Date > 5 <i>300.00</i>	300.00
Anthony Palmeri 639 13th St. San Diego, CA 92101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Yellow Cab Co. Occupation: <i>V.P.</i>	10/29/96 Aggregate Year-to-Date > 5 <i>300.00</i>	300.00
Arthur Levine 22-09 Queens Plaza N. Long Island City, NY 11101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ronart Leasing Corp. Occupation: <i>Pres.</i>	10/29/96 Aggregate Year-to-Date > 4 <i>300.00</i>	300.00
Richard Carey P.O. Box 166 Charleston, WV 25321 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	C & H Taxi Occupation: <i>Pres.</i>	10/29/96 Aggregate Year-to-Date > 5 <i>300.00</i>	300.00

SUBTOTAL of Receipts This Page (optional)

2,100.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)

International Taxicat and Tawary 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>Edward Kelly 212-35 42nd Ave. Bayside, NY 11361</i>	<i>Kelly's Car Service</i>	<i>10/29/96</i>	<i>300.00</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>300.00</i>	
<i>Richard Hunt P.O. Box 421008 Indianapolis, IN 46242</i>	<i>Yellow Cab</i>	<i>10/29/96</i>	<i>300.00</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>300.00</i>	
<i>William Knaws P.O. Box 201 Bethel Park, PA 15102</i>	<i>Colonial Taxi</i>	<i>10/29/96</i>	<i>300.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>retired</i>	Aggregate Year-to-Date > \$ <i>300.00</i>	
<i>Robert Barnes 2128 Trumbull Ave. Detroit, MI 48216</i>	<i>Checher Taxi</i>	<i>10/28/96</i>	<i>300.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>navigator</i>	Aggregate Year-to-Date > \$ <i>300.00</i>	
<i>Craig Bates 930 N. Chestnut Trafficway Kansas City, MO 64120</i>	<i>Checher Transportation Group</i>	<i>10/29/96</i>	<i>300.00</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>300.00</i>	
<i>Martin Zilber 1795 N.E. 198th St. N. Miami, FL 33181</i>	<i>Metro Taxi</i>	<i>10/29/96</i>	<i>350.00</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>350.00</i>	
<i>Robert Worth 3025 Mount Vernon Ave. Alexandria, VA 22305</i>	<i>Diamond Transportation</i>	<i>10/29/96</i>	<i>500.00</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>500.00</i>	

SUBTOTAL of Receipts This Page (optional)

2,350.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

International Taxicab and Livery 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>Glenn Adzima 1708 S. 3rd St. Milwaukee, WI 53204</i>	<i>City Veterans Cab</i>	<i>11/15/96</i> 10/27/96	<i>300.00</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>300.00</i>	
<i>Robert Searcy 324 W. Gore St. Orlando, FL 32806</i>	<i>City Cab Co.</i>	<i>11/15/96</i>	<i>300.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Gen. Mgt.</i>	Aggregate Year-to-Date > \$ <i>300.00</i>	
<i>Larry White P.O. Box 1107 Tulsa, OK 74101</i>	<i>Yellow-Chester Cab</i>	<i>11/15/96</i>	<i>300.00</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>300.00</i>	
<i>Paul Mears III 324 W. Gore St. Orlando, FL 32806</i>	<i>Mears Transportation</i>	<i>11/15/96</i>	<i>300.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Mgt.</i>	Aggregate Year-to-Date > \$ <i>300.00</i>	
<i>Zae Barnes 4900 Nicholson Ct Kensington, MD 20895</i>	<i>Burwood Transportation</i>	<i>11/15/96</i>	<i>950.00</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>950.00</i>	
<i>Brian McBride 2069 W. Third St. Cleveland, OH 44113</i>	<i>Yellow Cab Co.</i>	<i>11/15/96</i>	<i>300.00</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>300.00</i>	
<i>Paul Mears Jr. 324 W. Gore St. Orlando, FL 32806</i>	<i>Mears Transportation</i>	<i>11/15/96</i>	<i>300.00</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>300.00</i>	

SUBTOTAL of Receipts This Page (optional)	<i>2,750.00</i>
TOTAL This Period (last page this line number only)	<i>7,200.00</i>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
<i>Strickland for U.S. Senate 1761 Ogden St Denver, CO 80218</i>	<i>Support candidacy for U.S. Senate Seat in Col.</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>10/26/96</i>	<i>2,500⁰⁰</i>
B. 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
C. 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
D. 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
E. 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
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)

\$2,500⁰⁰

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

12-11-96

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

SEB
PREPARED

12-13-96
DATE PREPARED