

2009 JUL 31 AM 9: 59

**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

TAXI CAB LIMOUSINE & PARATRANSIT ASSOCIATION
POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3200 TOWER OAKS BLVD SUITE 220

Check if different than previously reported. (ACC)

ROCKVILLE MD 20852

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00132480

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

XX

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

01 / 01 / 2009 through 06 / 30 / 2009

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

Date

07 / 30 / 2009

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

Office Use Only

FEC FORM 3X
Rev. 12/2004

29030133505

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 / 01 / 2009 To: 06 / 30 / 2009

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2009</u>		<u>73,579.61</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>73,579.61</u>	
(c) Total Receipts (from Line 19).....	<u>10,040.00</u>	<u>10,040.00</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>83,619.61</u>	<u>83,619.61</u>
7. Total Disbursements (from Line 31).....	<u>10,000.00</u>	<u>10,000.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>73,619.61</u>	<u>73,619.61</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0.00</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0.00</u>	

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

29030133506

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **01** / **01** / **2009** To: **06** / **30** / **2009**

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

	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).....	10,040.00	10,040.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10,040.00	10,040.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	10,040.00	10,040.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	10,040.00	10,040.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10,040.00	10,040.00

29030133507

**DETAILED SUMMARY PAGE
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	10,000.00	10,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10,000.00	10,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	10,000.00	10,000.00

29030133508

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10,000.00	10,000.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10,000.00	10,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3).....		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

29030133509

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE	OF 7
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. KINES, DWIGHT R.		Date of Receipt 05 / 15 / 2009
Mailing Address 2100 Heatingdon Ave.		Amount of Each Receipt this Period 500.00
City Baltimore	State Zip Code MD 21211	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Yellow Cab	Occupation Transportation Executive	
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) B. Whittle, Bradley E.		Date of Receipt 05 / 15 / 2009
Mailing Address 7500 E 41st Ave.		Amount of Each Receipt this Period 500.00
City Denver	State Zip Code CO 80333	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Yellow Cab	Occupation Transportation Exec	
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. Barnes, Lee		Date of Receipt 06 / 02 / 2009
Mailing Address 4900 Nicholson Ct.		Amount of Each Receipt this Period 500.00
City Kensington	State Zip Code MD 20895	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Bowood Transportation	Occupation Transportation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1,500.00
TOTAL This Period (last page this line number only).....▶	

29030133510

**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 2 OF 7	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Cambas, Nicholas		Date of Receipt 06 / 02 / 2009
Mailing Address 16117 U.S. 19 N., Ste A		Amount of Each Receipt this Period 500.00
City Clearwater	State Zip Code FL 33764	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Transportation Contract Services	Occupation Transportation Exec.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Carey, Lebediah		Date of Receipt 06 / 02 / 2009
Mailing Address 1410 Lewis St		Amount of Each Receipt this Period 5.40.00
City Charleston	State Zip Code WV 25301	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 5.40.00
Name of Employer C & H Taxi	Occupation Transportation Exec.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Hughes, Craig		Date of Receipt 06 / 02 / 2009
Mailing Address 4600 W. Camelback Rd		Amount of Each Receipt this Period 500.00
City Glendale	State Zip Code AZ 85301	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Total Transit	Occupation Transportation Exec.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	1540.00
TOTAL This Period (last page this line number only).....▶	

29030133511

**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 3 OF 7
	<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)
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. McBride, Brian A.		Date of Receipt 06 02 2009
Mailing Address 2069 W. 3rd St		Amount of Each Receipt this Period 500.00
City Cleveland	State Zip Code OH 44113	
FEC ID number of contributing federal political committee. C		
Name of Employer Yellow Cab	Occupation Transportation Exec	
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) B. Mellegard, Harland		Date of Receipt 06 02 2009
Mailing Address 1200 Mississippi St		Amount of Each Receipt this Period 500.00
City San Francisco	State Zip Code CA 94107	
FEC ID number of contributing federal political committee. C		
Name of Employer Yellow Cab Co-Op	Occupation Transportation Exec	
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. Nichols, Neal C.		Date of Receipt 06 02 2009
Mailing Address 3251 Washington Blvd.		Amount of Each Receipt this Period 500.00
City Arlington	State Zip Code VA 22201	
FEC ID number of contributing federal political committee. C		
Name of Employer Transportation General	Occupation Transportation Exec.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

29030133512

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

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

FOR LINE NUMBER: PAGE 4 OF 7
(check only one)

<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)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. O'Toole, Terrance W.

Mailing Address

1300 Lydia Ave.

City Kansas City State MO Zip Code 64106

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 02 2009

Amount of Each Receipt this Period

5000.0

Name of Employer

Kansas City Transportation

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.0

Full Name (Last, First, Middle Initial)

B. Renzi, Anthony

Mailing Address

P.O. Box 642

City Pittsfield State MA Zip Code 01202

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 02 2009

Amount of Each Receipt this Period

5000.0

Name of Employer

County Rainbow Taxi

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.0

Full Name (Last, First, Middle Initial)

C. Swygsten, Judith O.

Mailing Address

6304 Semella Pointe Rd.

City Norfolk State VA Zip Code 23513

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 02 2009

Amount of Each Receipt this Period

5000.0

Name of Employer

Black & White Cars

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.0

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

15000.0

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

29030133513

**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 5 OF 7

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Thompson, Jo-Anne

Mailing Address

167 Franklin St.

City

Framingham

State

MA

Zip Code

01702

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 02 / 2009

Amount of Each Receipt this Period

500.00

Name of Employer

Tommy's Taxi

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

B. Turner, Raymond K.

Mailing Address

1406 Hays St.

City

Houston

State

TX

Zip Code

77009

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 02 / 2009

Amount of Each Receipt this Period

500.00

Name of Employer

Greater Houston Transportation

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

C. Wilson, Julia M.

Mailing Address

82 Macke St

City

Mobile

State

AL

Zip Code

36608

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 / 02 / 2009

Amount of Each Receipt this Period

500.00

Name of Employer

Yellow Cab

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

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

1,500.00

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

29030133514

**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 7

<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)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **Coker, Elizabeth P.**

Mailing Address

5804 Oporto Madrid Blvd

City

Birmingham

State

AL

Zip Code

35210

FEC ID number of contributing federal political committee.

C

Name of Employer

Yellow Cab

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / **19** / **2009**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. **Houston, Ellis**

Mailing Address

5804 Oporto Madrid Blvd

City

Birmingham

State

AL

Zip Code

35210

FEC ID number of contributing federal political committee.

C

Name of Employer

Yellow Cab

Occupation

Transportation Exec

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / **19** / **2009**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. **Legat, John M.**

Mailing Address

2230 Jarrald Ave

City

San Francisco

State

CA

Zip Code

94124

FEC ID number of contributing federal political committee.

C

Name of Employer

Luxor Cab

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / **19** / **2009**

Amount of Each Receipt this Period

500.00

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

1,500.00

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

1,500.00

29030133515

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 7	
	(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)
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

A. **Leonas, Daniel**
 Full Name (Last, First, Middle Initial)
 Mailing Address
29 Arvon St.
 City **Lewiston** State **ME** Zip Code **04240**
 Name of Employer **City Cab** Occupation **Transportation Exec.**
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
5,000.00

Date of Receipt
06 / 19 / 2009
 Amount of Each Receipt this Period
5,000.00

B. **Watson, Slavi**
 Full Name (Last, First, Middle Initial)
 Mailing Address
1512 Marah Ave.
 City **Kansas City** State **MO** Zip Code **64126**
 Name of Employer **Checker Transportation** Occupation **Transportation Exec.**
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
5,000.00

Date of Receipt
06 / 19 / 2009
 Amount of Each Receipt this Period
5,000.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **1,000.00**
TOTAL This Period (last page this line number only)..... **10,040.00**

29030133516

**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)		PAGE 1 OF 3	
<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

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)
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Citizens for Tom Petri

Mailing Address
224 D ST., S.E.

City *Washington* State *DC* Zip Code

Purpose of Disbursement
contribution

Candidate Name
Tom Petri

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *WI* District: *6*

Date of Disbursement
03 / 11 / 2009

Amount of Each Disbursement this Period
0.11
1,000.00

B.

Full Name (Last, First, Middle Initial)
Mica for Congress

Mailing Address
2501 Wisconsin Ave, NW # 304

City *Washington* State *DC* Zip Code *20007*

Purpose of Disbursement
contribution

Candidate Name
John Mica

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *FL* District: *7*

Date of Disbursement
03 / 19 / 2009

Amount of Each Disbursement this Period
0.11
1,000.00

C.

Full Name (Last, First, Middle Initial)
Friends of Jim Oberstar

Mailing Address
1017 8th St., NE

City *Washington* State *DC* Zip Code *20002*

Purpose of Disbursement
contribution

Candidate Name
James Oberstar

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *MN* District: *8*

Date of Disbursement
03 / 24 / 2009

Amount of Each Disbursement this Period
0.11
1,000.00

SUBTOTAL of Disbursements This Page (optional).....▶ **3,000.00**

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

715510E082

**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)

PAGE 2 OF 3

<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

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)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Mailing Address: Mike Crapo for U.S. Senate

City: Alexandria State: VA Zip Code: 22314

Purpose of Disbursement: contribution

Candidate Name: Mike Crapo

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: ID District: _____

Date of Disbursement

MM ' DD ' YYYY
04 ' 29 ' 2009

Amount of Each Disbursement this Period

447795

0.11
Category/
Type

B.

Mailing Address: Johnny's Half Shell Restaurant

City: Washington State: DC Zip Code: 20001

Purpose of Disbursement: in-kind contribution

Candidate Name: Mike Crapo

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: ID District: _____

Date of Disbursement

MM ' DD ' YYYY
04 ' 29 ' 2009

Amount of Each Disbursement this Period

52205

0.03
Category/
Type

C.

Mailing Address: Mica for Congress

City: Washington State: DC Zip Code: 20007

Purpose of Disbursement: contribution

Candidate Name: John Mica

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: FL District: 7

Date of Disbursement

MM ' DD ' YYYY
05 ' 04 ' 2009

Amount of Each Disbursement this Period

100000

0.11
Category/
Type

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

600000

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

1551103052

**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)

PAGE 3 OF 3

<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)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.

Mailing Address: Duncan for Congress
1318 Dewitt Ave.

City: Alexandria State: VA Zip Code: 22301

Purpose of Disbursement: contribution

Candidate Name: John Duncan Category/Type: 0.1.1

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: TN District: 2

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2009

Amount of Each Disbursement this Period

Amount: 1,000.00

B.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount: _____

C.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Amount: _____

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

Amount: 1,000.00


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

Amount: 1,000.00

29030133519

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

29030133520

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>7/30/09</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>7/31/09</i> DATE PREPARED