

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 16 P 1:35

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <i>International Taxicab and Livery Association Political Action Committee</i>	2. FEC IDENTIFICATION NUMBER <i>600132480</i>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <i>3849 Fairport Ave.</i>	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE <i>Kensington, MD 20895</i>	

## 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:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ 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 <i>7/1/00</i> through <i>9/30/00</i>		
6. (a) Cash on Hand January 1, <i>2000</i>		\$ 40,066.65
(b) Cash on Hand at Beginning of Reporting Period	\$ 38,866.65	
(c) Total Receipts (from Line 19)	\$ 5,350.00	\$ 7,150.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 44,216.65	\$ 47,216.65
7. Total Disbursements (from Line 30)	\$ 15,000.00	\$ 18,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 29,216.65	\$ 29,216.65
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
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*

Signature of Treasurer



Date

*10/13/00*

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 Taxpayers and Voluntary Association PAC</i>		REPORT COVERING PERIOD FROM <i>7/1/00</i> TO <i>9/30/00</i>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		5,350	7,150
ii. Unitemized			
iii. Total (add i and ii) >		5,350	7,150
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) >		5,350	7,150
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) >		5,350	7,150
20. Total Federal Receipts (subtract line 18 from line 19) >		5,350	7,150
<b>II. Disbursements</b>			
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		15,000	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) >		15,000	18,000
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		15,000	18,000
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		5,350	7,150
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans)(subtract line 33 from line 32)		5,350	7,150
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 line 35) >			

**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 Towing Association Political Action Committee*

A. Full Name, Mailing Address and ZIP Code 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):	Name of Employer <i>Yellow Cab</i> Occupation <i>Pres.</i> Aggregate Year-to-Date > \$ <i>300<sup>00</sup></i>	Date (month, day, year) <i>9/16/00</i>	Amount of Each Receipt this Period <i>300<sup>00</sup></i>
B. Full Name, Mailing Address and ZIP Code W. H. Smythe IV 581 S. Second Memphis, TN 38126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>Checker Cab</i> Occupation <i>V.P.</i> Aggregate Year-to-Date > \$ <i>500<sup>00</sup></i>	Date (month, day, year) <i>9/16/00</i>	Amount of Each Receipt this Period <i>500<sup>00</sup></i>
C. Full Name, Mailing Address and ZIP Code Brian Somersman 716 Germantown Pike Lafayette Hill, PA 19444 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>Alex Mgt.</i> Occupation <i>Pres.</i> Aggregate Year-to-Date > \$ <i>600<sup>00</sup></i>	Date (month, day, year) <i>9/16/00</i>	Amount of Each Receipt this Period <i>600<sup>00</sup></i>
D. Full Name, Mailing Address and ZIP Code Judith Swygert 2000 E. Ocean View Ave Norfolk, VA 23503 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>Black &amp; White Cab</i> Occupation <i>V.P.</i> Aggregate Year-to-Date > \$ <i>500<sup>00</sup></i>	Date (month, day, year) <i>9/16/00</i>	Amount of Each Receipt this Period <i>500<sup>00</sup></i>
E. Full Name, Mailing Address and ZIP Code Frank Genovese 8903 Pine Lane Magnonia, TX 77355 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <i>Greater Houston Transportation Co.</i> Occupation <i>Pres.</i> Aggregate Year-to-Date > \$ <i>300<sup>00</sup></i>	Date (month, day, year) <i>9/16/00</i>	Amount of Each Receipt this Period <i>300<sup>00</sup></i>
F. Full Name, Mailing Address and ZIP Code Richard Hunt 208 Ashurst Ct. Noblesville, IN 46060 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>300<sup>00</sup></i>	Date (month, day, year) <i>9/16/00</i>	Amount of Each Receipt this Period <i>300<sup>00</sup></i>
G. Full Name, Mailing Address and ZIP Code Brian McBride 2069 W. Third St. Cleveland, OH 44113 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>600<sup>00</sup></i>	Date (month, day, year) <i>9/16/00</i>	Amount of Each Receipt this Period <i>600<sup>00</sup></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 Taxicat 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>Larry Slagle 1391 Corona Ave. Norco, CA 92860</i>	<i>Yellow Cab NDC</i>	<i>9/16/00</i>	<i>300<sup>00</sup></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<sup>00</sup></i>	
<i>Ellis Houston 1223 Kingsbridge Houston, TX 77073</i>	<i>United Cab</i>	<i>9/16/00</i>	<i>500<sup>00</sup></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<sup>00</sup></i>	
<i>Nicholas Combas 2939 Elysium Way Clearwater, FL 33759</i>	<i>Yellow Cab</i>	<i>9/16/00</i>	<i>350<sup>00</sup></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<sup>00</sup></i>	
<i>Victor Djanogoff 20 Darwin Drive Manalapan, NJ 07726</i>	<i>Black Car Host. Corp.</i>	<i>9/16/00</i>	<i>500<sup>00</sup></i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <i>Ex. Dir.</i>	Aggregate Year-to-Date > \$ <i>500<sup>00</sup></i>	
<i>Jesse Gaddis New River Station - Box 950 Ft. Lauderdale, FL 33302</i>	<i>Yellow Cab</i>	<i>9/16/00</i>	<i>300<sup>00</sup></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<sup>00</sup></i>	
<i>Brian Wier 6419 E. Gold Dust Ave. Scottsdale, AZ 85253</i>	<i>Super Shuttle</i>	<i>9/16/00</i>	<i>300<sup>00</sup></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<sup>00</sup></i>	
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>5,350<sup>00</sup></i>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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 Associates 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>Bud Shuster for Congress Comm. P.O. Box 329 Altoona, PA 16603</i>	<i>support re-election from PA to U.S House</i> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>7/20/00</i>	<i>\$3,000<sup>00</sup></i>
<i>Victory 2000 9205 S. Dadeland Blvd. #417 Miami, FL 33156</i>	<i>Support republican party federal election</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>8/25/00</i>	<i>\$10,000<sup>00</sup></i>
<i>Citizens for Tom Petri 4451 Brookfield Corp Dr. #200 Chantilly, VA 20151</i>	<i>Support re-election from W.I. to House</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9/26/00</i>	<i>\$1,000<sup>00</sup></i>
<i>Friends of Clay Shaw 4451 Brookfield Corp Dr. #417 Chantilly, VA 20151</i>	<i>support re-election from FL to House</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<i>9/26/00</i>	<i>\$1,000<sup>00</sup></i>
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) .....

*\$15,000<sup>00</sup>*

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) 10/13/00
<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	
 PREPARER	10/16/00 DATE PREPARED