

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2017"/>		49143.06
(b) Cash on Hand at Beginning of Reporting Period.....	49143.06	
(c) Total Receipts (from Line 19)	6050.00	6050.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	55193.06	55193.06
7. Total Disbursements (from Line 31).....	3287.76	3287.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	51905.30	51905.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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: 01 / 01 / 2017 To: 06 / 30 / 2017

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).....	3650.00	3650.00
(ii) Unitemized	2400.00	2400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6050.00	6050.00
(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)	6050.00	6050.00
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)).....▶	6050.00	6050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6050.00	6050.00

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	287.76	287.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	287.76	287.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	3287.76	3287.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3287.76	3287.76

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	6050.00	6050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6050.00	6050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	287.76	287.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	287.76	287.76

**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 17
<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

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

A. Amato, Sam, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1550 Gilbreth Rd

City Burlingame	State CA	Zip Code 94010
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Gateway Global	Occupation (for Individual) Founder
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2017

Transaction ID : SA11AI.6366

Amount of Each Receipt this Period
100.00

Memo Item

B. Amato, Sam, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1550 Gilbreth Rd

City Burlingame	State CA	Zip Code 94010
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Gateway Global	Occupation (for Individual) Founder
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2017

Transaction ID : SA11AI.6383

Amount of Each Receipt this Period
100.00

Memo Item

C. Beutel, Bob, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1848 Jason Circle

City Rochester Hills	State MI	Zip Code 48306
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Allstar Transportation	Occupation (for Individual) Owner
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2017

Transaction ID : SA11AI.6392

Amount of Each Receipt this Period
250.00

Memo Item

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 7 OF 17
<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. Boccio, Carla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Ridgewood Drive
 City Amherst State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Buffalo Limousine Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 11 / 2017
Transaction ID : SA11AI.6389
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Boccio, Carla, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Ridgewood Drive
 City Amherst State NY Zip Code 14226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Buffalo Limousine Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 13 / 2017
Transaction ID : SA11AI.6401
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Buffo, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Box 910
 City Penngrove State CA Zip Code 94951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pure Luxury Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 16 / 2017
Transaction ID : SA11AI.6354
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 17
<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. Canady, Laura, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1547 Dutchman Circle

City Iron Station	State NC	Zip Code 28080
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CLT Express Livery	Occupation (for Individual) Co-Owner
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 08 / 2017

Transaction ID : SA11AI.6398

Amount of Each Receipt this Period
50.00

Memo Item

B. Epstein, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Greenfield Hill

City Sparta	State NJ	Zip Code 07871
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Royal Coachman Worldwide	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2017

Transaction ID : SA11AI.6365

Amount of Each Receipt this Period
100.00

Memo Item

C. Epstein, Jon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Greenfield Hill

City Sparta	State NJ	Zip Code 07871
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Royal Coachman Worldwide	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2017

Transaction ID : SA11AI.6381

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
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 17
<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. Epstein, Jon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Greenfield Hill

City Sparta	State NJ	Zip Code 07871
----------------	-------------	-------------------

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

Name of Employer (for Individual) Royal Coachman Worldwide	Occupation (for Individual) 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
05	/	11	/	2017

Transaction ID : SA11AI.6388

Amount of Each Receipt this Period
100.00

Memo Item

B. Epstein, Jon, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14 Greenfield Hill

City Sparta	State NJ	Zip Code 07871
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Royal Coachman Worldwide	Occupation (for Individual) 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
06	/	13	/	2017

Transaction ID : SA11AI.6400

Amount of Each Receipt this Period
100.00

Memo Item

C. Fieldhouse, Carey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8201 Harrods View Court

City Prospect	State KY	Zip Code 40059
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) R&R Limousine	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2017

Transaction ID : SA11AI.6363

Amount of Each Receipt this Period
100.00

Memo Item

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 10 OF 17
<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. Fieldhouse, Carey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8201 Harrods View Court

City Prospect	State KY	Zip Code 40059
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) R&R Limousine	Occupation (for Individual) President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

Transaction ID : SA11AI.6380

Amount of Each Receipt this Period
100.00

Memo Item

B. Fieldhouse, Carey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8201 Harrods View Court

City Prospect	State KY	Zip Code 40059
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) R&R Limousine	Occupation (for Individual) 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
06		07		2017

Transaction ID : SA11AI.6397

Amount of Each Receipt this Period
100.00

Memo Item

C. Forgy, Diane, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10515 Ensley Lane

City Leawood	State KS	Zip Code 66206
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Overland Limousine	Occupation (for Individual) Owner
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2017

Transaction ID : SA11AI.6361

Amount of Each Receipt this Period
100.00

Memo Item

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 11 OF 17
<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. Forgy, Diane, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10515 Ensley Lane
 City Leawood State KS Zip Code 66206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Overland Limousine Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 05 / 2017**
Transaction ID : SA11AI.6378
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Kaplan, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11091 E. Winchcomb
 City Scottsdale State AZ Zip Code 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Driver Provider Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 07 / 2017**
Transaction ID : SA11AI.6360
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Kaplan, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11091 E. Winchcomb
 City Scottsdale State AZ Zip Code 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Driver Provider Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt **04 / 05 / 2017**
Transaction ID : SA11AI.6377
 Amount of Each Receipt this Period 100.00
 Memo Item

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 12 OF 17
<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. Moran, Shirley, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 260 Community Park Road

City Vandergrift	State PA	Zip Code 15690
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Moran Transportation Mgmt Grp	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	07	/	2017

Transaction ID : SA11AI.6343

Amount of Each Receipt this Period
250.00

Memo Item

B. Nisberg, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 Wabuda Place

City Shelton	State CT	Zip Code 06484
-----------------	-------------	-------------------

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

Name of Employer (for Individual) On Time Transport Inc.	Occupation (for Individual) President
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2017

Transaction ID : SA11AI.6402

Amount of Each Receipt this Period
50.00

Memo Item

C. Qua, Steve, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4559 Lander Road

City Orange Village	State OH	Zip Code 44022
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Company Car	Occupation (for Individual) Owner
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

Transaction ID : SA11AI.6386

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
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 13 OF 17
	<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	<input type="checkbox"/> 17

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

A. Qua, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4559 Lander Road
 City Orange Village State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Company Car Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 23 / 2017
Transaction ID : SA11AI.6393
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Qua, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4559 Lander Road
 City Orange Village State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Company Car Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 23 / 2017
Transaction ID : SA11AI.6394
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Qua, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4559 Lander Road
 City Orange Village State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Company Car Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 30 / 2017
Transaction ID : SA11AI.6395
 Amount of Each Receipt this Period 50.00
 Memo Item

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 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Qua, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4559 Lander Road
 City Orange Village State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Company Car Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 21 / 2017
Transaction ID : SA11AI.6403
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Qua, Steve, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4559 Lander Road
 City Orange Village State OH Zip Code 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Company Car Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 27 / 2017
Transaction ID : SA11AI.6404
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Rothstein, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3533 Maple Leaf Dr
 City Glenview State IL Zip Code 60026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Smart Cars, Inc. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 07 / 2017
Transaction ID : SA11AI.6344
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL This Period (last page this line number only).....	3650.00

**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"/> 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

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			03			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6372

Amount of Each Disbursement this Period

[REDACTED] 48.01

Memo Item

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 Bankcard Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
04			04			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6375

Amount of Each Disbursement this Period

[REDACTED] 31.64

Memo Item

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
Merchant Bankcard Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			03			2017			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6387

Amount of Each Disbursement this Period

[REDACTED] 28.29

Memo Item

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

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

[REDACTED] 107.94

[REDACTED]

**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"/> 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

A. Citizens Bank

Full Name (Last, First, Middle Initial)

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement Merchant Bankcard Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
06 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6396

Amount of Each Disbursement this Period: 17.50

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	17.50
TOTAL This Period (last page this line number only).....▶	125.44

**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"/> 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. WALDEN FOR CONGRESS

Mailing Address PO BOX 1091

City
HOOD RIVER

State
OR

Zip Code
97031

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 29 / 2017

FEC Identification Number

C C00333427

Transaction ID : SB23.6358

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. WHITEHOUSE FOR SENATE

Mailing Address P.O. BOX 40280

City
PROVIDENCE

State
RI

Zip Code
02940

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify)

State: RI District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 27 / 2017

FEC Identification Number

C C00410803

Transaction ID : SB23.6374

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

3000.00

3000.00