

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Limousine Association Political Action Committee

ADDRESS (number and street) 49 South Maple Avenue  
 Check if different than previously reported. (ACC)  
Marlton NJ 08053

2. **FEC IDENTIFICATION NUMBER** C00359380  
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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2009 through 12 31 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 Patricia Nelson

Signature of Treasurer Electronically Filed by Patricia Nelson Date 01 29 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									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Limousine Association Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		289.35
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	3774.67									
(c) Total Receipts (from Line 19) .....	757.28	8656.37								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	4531.95	8945.72								
7. Total Disbursements (from Line 31) .....	1156.33	5570.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3375.62	3375.62								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Limousine Association Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	272.70	5868.15
(ii) Unitemized .....	330.00	2386.80
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	602.70	8254.95
(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) .....	602.70	8254.95
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) .....	154.58	401.42
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 Transfer (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)) .....	757.28	8656.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	757.28	8656.37

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	656.33	1070.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	656.33	1070.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	4500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	1156.33	5570.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1156.33	5570.10

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	602.70	8254.95
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	602.70	8254.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	656.33	1070.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	154.58	401.42
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	501.75	668.68

**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 / 12
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve Qua	Date of Receipt MM / DD / YYYY 07 / 22 / 2009
	Mailing Address 4559 Lander Road	<b>Transaction ID:</b> SA11AI.4236
	City State Zip Code Chagrin Falls OH 44022	Amount of Each Receipt this Period 45.45
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Company Car	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 272.70	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Qua	Date of Receipt MM / DD / YYYY 08 / 21 / 2009
	Mailing Address 4559 Lander Road	<b>Transaction ID:</b> SA11AI.4238
	City State Zip Code Chagrin Falls OH 44022	Amount of Each Receipt this Period 45.45
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Company Car	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 318.15	

<b>C.</b>	Full Name (Last, First, Middle Initial) Steve Qua	Date of Receipt MM / DD / YYYY 09 / 22 / 2009
	Mailing Address 4559 Lander Road	<b>Transaction ID:</b> SA11AI.4243
	City State Zip Code Chagrin Falls OH 44022	Amount of Each Receipt this Period 45.45
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Company Car	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 363.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>136.35</b>
<b>TOTAL</b> 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 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve Qua		Date of Receipt MM / DD / YYYY 10 / 22 / 2009		
	Mailing Address 4559 Lander Road		<b>Transaction ID:</b> SA11AI.4244		
	City Chagrin Falls	State OH	Zip Code 44022	Amount of Each Receipt this Period 45.45	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Company Car	Occupation Owner	Aggregate Year-to-Date 409.05		

<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Qua		Date of Receipt MM / DD / YYYY 11 / 20 / 2009		
	Mailing Address 4559 Lander Road		<b>Transaction ID:</b> SA11AI.4251		
	City Chagrin Falls	State OH	Zip Code 44022	Amount of Each Receipt this Period 45.45	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Company Car	Occupation Owner	Aggregate Year-to-Date 454.50		

<b>C.</b>	Full Name (Last, First, Middle Initial) Steve Qua		Date of Receipt MM / DD / YYYY 12 / 22 / 2009		
	Mailing Address 4559 Lander Road		<b>Transaction ID:</b> SA11AI.4254		
	City Chagrin Falls	State OH	Zip Code 44022	Amount of Each Receipt this Period 45.45	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Company Car	Occupation Owner	Aggregate Year-to-Date 499.95		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>136.35</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>272.70</b>

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

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

FOR LINE NUMBER: PAGE 8 / 12  
(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.** Full Name (Last, First, Middle Initial)  
National Limousine Association

Mailing Address 49 South Maple Avenue

City State Zip Code  
Marlton NJ 08053

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
349.48

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 07 / 2009

**Transaction ID:** SA15.4257

Amount of Each Receipt this Period  
102.64

Reimbursement of Bank Charges

**B.** Full Name (Last, First, Middle Initial)  
National Limousine Association

Mailing Address 49 South Maple Avenue

City State Zip Code  
Marlton NJ 08053

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
401.42

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 29 / 2009

**Transaction ID:** SA15.4258

Amount of Each Receipt this Period  
51.94

Reimbursement of Bank Charges

**SUBTOTAL** of Receipts This Page (optional) ..... ► **154.58**

**TOTAL** This Period (last page this line number only) ..... ► **154.58**



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.4261 Date of Disbursement
	Mailing Address 791 E. Route 70	<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Banking Fee Candidate Name	<input type="text" value="52.94"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.4262 Date of Disbursement
	Mailing Address 791 E. Route 70	<input type="text" value="08"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Card Fee Candidate Name	<input type="text" value="11.88"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.4263 Date of Disbursement
	Mailing Address 791 E. Route 70	<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Charges Candidate Name	<input type="text" value="546.42"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	001 Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="611.24"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 10 / 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.4264 Date of Disbursement
	Mailing Address 791 E. Route 70	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Bank Fee	<input type="text" value="11.37"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.4265 Date of Disbursement
	Mailing Address 791 E. Route 70	<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Bank Fee	<input type="text" value="11.68"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens Bank	Transaction ID: SB21B.4266 Date of Disbursement
	Mailing Address 791 E. Route 70	<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period
	Purpose of Disbursement Monthly Bank Fee	<input type="text" value="11.08"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="34.13"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 11 / 12

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

A.

Full Name (Last, First, Middle Initial)  
Citizens Bank

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Monthly Bank Fee

Candidate Name

001  
Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.4267

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

10.96

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

10.96

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

656.33

**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 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)  
NEW JERSEY FIRST

Transaction ID: SB23.4260  
Date of Disbursement

Mailing Address 196 West State Street  
PO Box 200597

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

City State Zip Code  
Trenton NJ 08608

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement

011
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

500.00
--------

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

500.00
--------