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June 30, 2000

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VIA HAND DELIVERY

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Statement of Organization Filing

Dear Sir/Madam:

Enclosed for filing with the Federal Election Commission (FEC) is its Statement of Organization (FEC Form 1) required for registration of the National Limousine Association Political Action Committee (NLA PAC).

A one-time filing of the Statement of Organization is required to be submitted to the FEC in order to register and establish the NLA PAC. The connected organization, the National Limousine Association, is incorporated in the District of Columbia, and headquartered in Kentucky. We have been informed that Kentucky and the District of Columbia are included in the state filing waiver program and therefore, only one filing with the FEC is necessary to register and establish the NLA PAC.

Sincerely,

Michael F. Morrone
Michael F. Morrone

Enclosure

cc: Robert Scott
Ron Sorci
Barry Lefkowitz

RECEIVED
FEC MAIL ROOM
2000 JUN 30 P 2 17

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

**RECEIVED
FEC MAIL ROOM
2000 JUN 30 P 2:17**

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) National Limousine Association Political Action Committee	2. DATE June 30, 2000
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 2365 Harrodsburg Rd., Suite A325	3. FEC Identification Number
(c) City, State and ZIP Code Lexington, Kentucky 40504	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | | | | |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
National Limousine Association	2365 Harrodsburg Rd. Suite A325 Lexington, Kentucky 40504	Connected

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position Custodian
Robert Scott	2365 Harrodsburg Rd., Suite A325 Lexington, KY 40504	

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Ron Sorci	1909 Woodall Rodgers Freeway, Dallas, TX 75201	Treasurer
Don Sever	2365 Harrodsburg Rd., Suite A325, Lexington, KY 40504	Assistant Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Bank One	Louisville, KY 40202

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Ron Sorci	SIGNATURE OF TREASURER <i>Ron Sorci</i>	DATE June 30, 2000
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FEBAN044

FEC FORM 1
(revised 4/87)

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <u>6/30/00</u>
<input type="checkbox"/> First Class Mail	POSTMARKED
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<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	
<i>ET</i> PREPARER	<u>6/30/00</u> DATE PREPARED