



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Limousine Association Political Action Committee

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period               | COLUMN B<br>Calendar Year-to-Date      |
|--|---------------------------------------|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  | <input type="text" value="84398.57"/> | <input type="text" value="84398.57"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="88647.40"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="6085.00"/>  | <input type="text" value="15635.00"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="94732.40"/> | <input type="text" value="100033.57"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="18001.13"/> | <input type="text" value="23302.30"/>  |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="76731.27"/> | <input type="text" value="76731.27"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>     |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="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:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 5200.00                       | 11350.00                          |
| (ii) Unitemized .....   | 885.00                        | 4285.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶   | 6085.00                       | 15635.00                          |
| (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) .....  | 6085.00                       | 15635.00                          |
| 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))..... ▶                        | 6085.00                       | 15635.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 6085.00                       | 15635.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 501.13                        | 802.30                            |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 501.13                        | 802.30                            |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 17500.00                      | 22500.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (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) 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)) ..      | 18001.13                      | 23302.30                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 18001.13                      | 23302.30                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 6085.00                       | 15635.00                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 6085.00                       | 15635.00                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 501.13                        | 802.30                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 501.13                        | 802.30                            |

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

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

FOR LINE NUMBER: PAGE 6 OF 23  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Ahmed Atris**

Mailing Address 42897 Vestals Gap Drive

City Ashburn State VA Zip Code 20148

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

Name of Employer US Sedan Service, Inc. Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**04 / 18 / 2014**

**Transaction ID : SA11AI.5784**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. Ahmed Atris**

Mailing Address 42897 Vestals Gap Drive

City Ashburn State VA Zip Code 20148

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

Name of Employer US Sedan Service, Inc. Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**05 / 18 / 2014**

**Transaction ID : SA11AI.5802**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Ahmed Atris**

Mailing Address 42897 Vestals Gap Drive

City Ashburn State VA Zip Code 20148

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

Name of Employer US Sedan Service, Inc. Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
**06 / 18 / 2014**

**Transaction ID : SA11AI.5818**

Amount of Each Receipt this Period  
**100.00**

**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: PAGE 7 OF 23  
(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**

Full Name (Last, First, Middle Initial)  
**A. Carla Boccio**

Mailing Address 214 Ridgewood Drive

City Amherst State NY Zip Code 14226

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

Name of Employer Buffalo Limousine Occupation Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 05 / 20 / 2014  
**Transaction ID : SA11AI.5808**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Carla Boccio**

Mailing Address 214 Ridgewood Drive

City Amherst State NY Zip Code 14226

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

Name of Employer Buffalo Limousine Occupation Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 06 / 20 / 2014  
**Transaction ID : SA11AI.5824**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Jeffrey Brodsley**

Mailing Address 5400 Tech Circle

City Moorpark State CA Zip Code 93021

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

Name of Employer Chosen Payments Occupation President & CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 05 / 20 / 2014  
**Transaction ID : SA11AI.5806**

Amount of Each Receipt this Period  
 100.00

**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: PAGE 8 OF 23  
(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**

Full Name (Last, First, Middle Initial)  
**A. Jeffrey Brodsley**

Mailing Address 5400 Tech Circle

City State Zip Code  
 Moorpark CA 93021

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

Name of Employer Occupation  
 Chosen Payments President & CEO

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  
 06 / 20 / 2014

**Transaction ID : SA11AI.5822**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. James Brown**

Mailing Address 651 Aldo Avenue

City State Zip Code  
 Santa Clara CA 95054

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

Name of Employer Occupation  
 EI Paseo Worldwide General Manager

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 / 24 / 2014

**Transaction ID : SA11AI.5793**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Williams Carter**

Mailing Address 2903 Allerford Court

City State Zip Code  
 Cedar Park TX 78613

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

Name of Employer Occupation  
 Execucar of Austin Owner

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 / 20 / 2014

**Transaction ID : SA11AI.5790**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**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 9 OF 23  
(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. Williams Carter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2903 Allerford Court  
 City Cedar Park State TX Zip Code 78613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Execucar of Austin Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 20 / 2014  
**Transaction ID : SA11AI.5807**  
 Amount of Each Receipt this Period  
 200.00

**B. Williams Carter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2903 Allerford Court  
 City Cedar Park State TX Zip Code 78613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Execucar of Austin Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11AI.5823**  
 Amount of Each Receipt this Period  
 200.00

**C. Jon Epstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Greenfield Hill  
 City Sparta State NJ Zip Code 07871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Royal Coachman Worldwide Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 22 / 2014  
**Transaction ID : SA11AI.5791**  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**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 10 OF 23                |
|   | (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"/> 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**

**A. Marguerite Farrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 42 East 20th Street

City New York State NY Zip Code 10003

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

Name of Employer Farrell Limousine Service Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 20 / 2014**

**Transaction ID : SA11AI.5787**

Amount of Each Receipt this Period  
**250.00**

**B. Marguerite Farrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 42 East 20th Street

City New York State NY Zip Code 10003

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

Name of Employer Farrell Limousine Service Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1150.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 20 / 2014**

**Transaction ID : SA11AI.5805**

Amount of Each Receipt this Period  
**250.00**

**C. Marguerite Farrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 42 East 20th Street

City New York State NY Zip Code 10003

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

Name of Employer Farrell Limousine Service Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : SA11AI.5821**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **750.00**

**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 11 OF 23  
(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**

Full Name (Last, First, Middle Initial)  
**A. Charlie Grimm**

Mailing Address P.O Box 243742

City Anchorage State AK Zip Code 99524

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

Name of Employer Occupation  
 BAC Trans President & CEO

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  
 05 / 20 / 2014

**Transaction ID : SA11AI.5803**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Charlie Grimm**

Mailing Address P.O Box 243742

City Anchorage State AK Zip Code 99524

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

Name of Employer Occupation  
 BAC Trans President & CEO

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  
 06 / 20 / 2014

**Transaction ID : SA11AI.5820**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Mary Harrell-Paul**

Mailing Address 2440 South Wolf

City Des Plaines State IL Zip Code 60018

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

Name of Employer Occupation  
 Crown Cars & Limousines Owner

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  
 04 / 01 / 2014

**Transaction ID : SA11AI.5777**

Amount of Each Receipt this Period  
 100.00

**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 23   |
| <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. Richard Kane**  
Full Name (Last, First, Middle Initial)

Mailing Address 9524 Purcell Drive

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Potomac | State<br>MD | Zip Code<br>20854 |
|-----------------|-------------|-------------------|

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

|  |                     |
|--|---------------------|
| Name of Employer<br>International Limousine Servic | Occupation<br>Owner |
|--|---------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 13    | / | 2014        |

**Transaction ID : SA11AI.5782**

Amount of Each Receipt this Period  
250.00

**B. Richard Kane**  
Full Name (Last, First, Middle Initial)

Mailing Address 9524 Purcell Drive

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Potomac | State<br>MD | Zip Code<br>20854 |
|-----------------|-------------|-------------------|

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

|  |                     |
|--|---------------------|
| Name of Employer<br>International Limousine Servic | Occupation<br>Owner |
|--|---------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05    | / | 13    | / | 2014        |

**Transaction ID : SA11AI.5800**

Amount of Each Receipt this Period  
250.00

**C. Richard Kane**  
Full Name (Last, First, Middle Initial)

Mailing Address 9524 Purcell Drive

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>Potomac | State<br>MD | Zip Code<br>20854 |
|-----------------|-------------|-------------------|

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

|  |                     |
|--|---------------------|
| Name of Employer<br>International Limousine Servic | Occupation<br>Owner |
|--|---------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 13    | / | 2014        |

**Transaction ID : SA11AI.5817**

Amount of Each Receipt this Period  
250.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 750.00 |
| <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 13 OF 23   |
| <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. Jeffrey Nisberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 Mamaroneck Avenue  
 City White Plains State NY Zip Code 10601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer On Time Transport Inc. Occupation 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  
**05 / 14 / 2014**  
**Transaction ID : SA11AI.5801**  
 Amount of Each Receipt this Period  
**50.00**

**B. Jeffrey Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Doughty Road  
 City Pleasantville State NJ Zip Code 08232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Abalon DBA Avalon Limo Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 20 / 2014**  
**Transaction ID : SA11AI.5819**  
 Amount of Each Receipt this Period  
**50.00**

**C. Dawson Rutter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 280 Beacon Street #24  
 City Boston State MA Zip Code 02116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Commonwealth Worldwide Occupation Owner  
 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  
**04 / 10 / 2014**  
**Transaction ID : SA11AI.5781**  
 Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**  
**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 23  
(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**

Full Name (Last, First, Middle Initial)  
**A. Dawson Rutter**

Mailing Address 280 Beacon Street #24

City State Zip Code  
 Boston MA 02116

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

Name of Employer Occupation  
 Commonwealth Worldwide Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : SA11AI.5799**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**B. Dawson Rutter**

Mailing Address 280 Beacon Street #24

City State Zip Code  
 Boston MA 02116

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

Name of Employer Occupation  
 Commonwealth Worldwide Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 09 / 2014

**Transaction ID : SA11AI.5816**

Amount of Each Receipt this Period  
 500.00

Full Name (Last, First, Middle Initial)  
**C. Dave Shaw**

Mailing Address 6183 South Westview Drive

City State Zip Code  
 Homosassa FL 34448

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

Name of Employer Occupation  
 Olympus Limousine Operations Manager

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  
 04 / 01 / 2014

**Transaction ID : SA11AI.5775**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1100.00

**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 15 OF 23  
(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. Rick Versace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1990 NW Boca Raton Boulevard  
 City Boca Raton State FL Zip Code 33432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer A1A Airport & Limousine Servic Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2014  
**Transaction ID : SA11AI.5809**  
 Amount of Each Receipt this Period  
 100.00

**B. Rick Versace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1990 NW Boca Raton Boulevard  
 City Boca Raton State FL Zip Code 33432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer A1A Airport & Limousine Servic Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2014  
**Transaction ID : SA11AI.5825**  
 Amount of Each Receipt this Period  
 100.00

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 200.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 5200.00 |

**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"/> 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**

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  
Merchant Bnkcd Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 0 | 3 |   | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.5753

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 4 | 5 | 8 | 8 |
|---|---|---|---|---|

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 Bnkcd Chargeback

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 5 |   | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.5755

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|

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 Bnkcd Chargeback

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 1 | 5 |   | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.5796

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|

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

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 4 | 5 | 8 | 8 |
|---|---|---|---|---|

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

|   |   |   |   |   |
|---|---|---|---|---|
| 3 | 4 | 5 | 8 | 8 |
|---|---|---|---|---|



**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**

Full Name (Last, First, Middle Initial)

**A. Citizens Bank**

Mailing Address 791 E. Route 70

City Marltou State NJ Zip Code 08053

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 0 | 5 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB21B.5756**

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 9 | 4 | . | 9 | 1 |
|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. Citizens Bank**

Mailing Address 791 E. Route 70

City Marltou State NJ Zip Code 08053

Purpose of Disbursement

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB21B.5757**

Amount of Each Disbursement this Period

|   |   |   |   |   |
|---|---|---|---|---|
| 6 | 0 | . | 3 | 4 |
|---|---|---|---|---|

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 |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Disbursement this Period

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

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

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 5 | 5 | . | 2 | 5 |
|---|---|---|---|---|---|

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

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 5 | 0 | 1 | . | 1 | 3 |
|---|---|---|---|---|---|

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. CHRIS COONS FOR DELAWARE**

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement  
Contribution to Chris Coons

011

Candidate Name

**CHRIS COONS FOR DELAWARE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: DE District: 00

Date of Disbursement

MM / DD / YYYY  
05 / 06 / 2014

**Transaction ID : SB23.5758**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. DIANA DEGETTE FOR CONGRESS**

Mailing Address P.O. BOX 61337

City DENVER State CO Zip Code 80206

Purpose of Disbursement  
Contribution to Diana Degette

011

Candidate Name

**DIANA DEGETTE FOR CONGRESS**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CO District: 01

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2014

**Transaction ID : SB23.5762**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JACK KINGSTON**

Mailing Address PO BOX 2133

City SAVANNAH State GA Zip Code 31402

Purpose of Disbursement  
Contribution to Jack Kingston Primary Runoff '14

011

Candidate Name

**FRIENDS OF JACK KINGSTON**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: GA District: 01 Runoff

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : SB23.5766**

Amount of Each Disbursement this Period

2600.00

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

6100.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.5766

This contribution was amended in response to an FEC letter sent on April 30, 2015.

Form/Schedule:

Transaction ID:

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JACK KINGSTON**

Mailing Address PO BOX 2133

City SAVANNAH State GA Zip Code 31402

Purpose of Disbursement  
Contribution to Jack Kingston General 2014

011

Candidate Name

**FRIENDS OF JACK KINGSTON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 8 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.5972**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 2 | 6 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JACK KINGSTON**

Mailing Address PO BOX 2133

City SAVANNAH State GA Zip Code 31402

Purpose of Disbursement  
Contribution to Jack Kingston's General Runoff '14

011

Candidate Name

**FRIENDS OF JACK KINGSTON**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 01

Runoff

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 8 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.5973**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 8 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF JOHN BARROW**

Mailing Address PO BOX 1001

City AUGUSTA State GA Zip Code 30903

Purpose of Disbursement  
Contribution to John Barrow

011

Candidate Name

**FRIENDS OF JOHN BARROW**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: GA District: 12

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 0 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.5760**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

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

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 4 | 4 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

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

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 4 | 4 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.5972

This contribution was amended in response to an FEC letter sent on April 30, 2015.

Form/Schedule: SB23

Transaction ID: SB23.5973

This contribution was amended in response to an FEC letter sent on April 30, 2015.

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. MORAN FOR KANSAS**

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement  
Contribution to Moran for Kansas

011

Candidate Name

**MORAN FOR KANSAS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 7 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.5767**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement  
Contribution to Pallone for Congress

011

Candidate Name

**PALLONE FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 0 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.5768**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

Full Name (Last, First, Middle Initial)

**C. SCHNEIDER FOR CONGRESS**

Mailing Address PO BOX 1318

City DEERFIELD State IL Zip Code 60015

Purpose of Disbursement  
Contribution to Brad Schneider

011

Candidate Name

**SCHNEIDER FOR CONGRESS**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 0 |   | 2 | 0 | 1 | 4 |

**Transaction ID : SB23.5764**

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

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

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

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**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"/> 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**

Full Name (Last, First, Middle Initial)

**A. TEAM GRAHAM INC**

Mailing Address PO BOX 1801

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement  
Contribution to Lindsey Graham

011

Category/  
Type

Candidate Name

**TEAM GRAHAM INC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2014

**Transaction ID : SB23.5770**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TULSI FOR HAWAII**

Mailing Address PO BOX 75561

City KAPOLEI State HI Zip Code 96707

Purpose of Disbursement  
Contribution to Tulsi

011

Category/  
Type

Candidate Name

**TULSI FOR HAWAII**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: HI District: 02

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2014

**Transaction ID : SB23.5812**

Amount of Each Disbursement this Period

1000.00

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

2000.00

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

17500.00