

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL ROOM  
2002 FEB 12 P 1:57

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION  
POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

13849 FARRAGUT AVENUE

Check if different than previously reported. (ADC)

KENSINGTON

MD

20895

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000132480

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

YE

4. TYPE OF REPORT (Choose One)

(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 (12S)

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 2001

through

12 31 2001

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

Type or Print Name of Treasurer

ALFRED LAGASSE

2437

Signature of Treasurer

*[Handwritten Signature]*

Date

01 31 2002

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

512  
2/12

RD  
2/12

SPM  
2/13

1/16

FEC FORM 3X  
(Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

*Taxicab, Limousine & Paratransit Association Political Action Committee*

Report Covering the Period: From: **07** / **01** / **2001** To: **12** / **31** / **2001**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2001</b>		<b>3867665</b>
(b) Cash on Hand at Beginning of Reporting Period	<b>3117665</b>	
(c) Total Receipts (from Line 19)	<b>1599000</b>	<b>1699000</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<b>4716665</b>	<b>5566665</b>
7. Total Disbursements (from Line 30)	<b>3500000</b>	<b>1200000</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<b>4366665</b>	<b>4366665</b>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<b>000</b>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<b>000</b>	

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 (Revised 1/01)

Page 3

Write or Type Committee Name

Torres, Luisino & Paratranit Association Political Action Committee

Report Covering the Period:

From:

07 / 01 / 2001

To:

12 / 31 / 2001

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) .....	13,800.00	
(ii) Unitemized .....	2,190.00	
(iii) TOTAL (add Line 11(a)(i) and (ii)) .....	15,990.00	16,990.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	15,990.00	16,990.00
12. Transfers From Affiliated/Other Party Committees .....		
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....		
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	15,990.00	16,990.00
20. Total Federal Receipts (subtract Line 16 from Line 19) .....	15,990.00	16,990.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	3500.00	12000.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACE) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	3500.00	12000.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) .....	3500.00	12000.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15990.00	16990.00
33. Total Contribution Refunds (from Line 28(d)) .....		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	15990.00	16990.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
36. Offsets to Operating Expenditures (from Line 15, page 3) .....		
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....		

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 11				
	(check only one)	<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)  
*Tactical, Legislative & Paratransit Association Political Action Committee*

Full Name (Last, First, Middle Initial)  
A. *NICHOLS, DEAN E.*

Mailing Address  
*3251 N. WASHINGTON BLVD.*

City State Zip Code  
*ARLINGTON VA 22201*

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

Name of Employer Occupation  
*RED TOP CAB TAXI MANAGER*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*500.00*

Date of Receipt  
*08 30 2001*

Amount of Each Receipt this Period  
*500.00*

Full Name (Last, First, Middle Initial)  
B. *NICHOLS, NEAL C.*

Mailing Address  
*3251 N. WASHINGTON BLVD.*

City State Zip Code  
*ARLINGTON VA 22201*

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

Name of Employer Occupation  
*TRANSPORTATION GENERAL PRES.*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*500.00*

Date of Receipt  
*08 30 2001*

Amount of Each Receipt this Period  
*500.00*

Full Name (Last, First, Middle Initial)  
C. *CAMBAS, NICHOLAS A.*

Mailing Address  
*2939 ELYSIUM WAY*

City State Zip Code  
*CLEARWATER FL 33759*

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

Name of Employer Occupation  
*BAY AREA YELLOW CAB PRES.*

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
*300.00*

Date of Receipt  
*08 30 2001*

Amount of Each Receipt this Period  
*300.00*

SUBTOTAL of Receipts This Page (optional) ..... ▶ *1,300.00*

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 2 OF 11						
<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"/>	16	<input type="checkbox"/>	18	
							<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)

*Taxicab, Limousine & Paratransit Association Political Action Committee*

Full Name (Last, First, Middle Initial)

A. *HOUSTON, ELLIS W.*

Mailing Address

*1223 KINGSBRIDGE*

City

*HOUSTON*

State

*TX*

Zip Code

*77073*

Date of Receipt

*08 30 2001*

FEC ID number of contributing federal political committee.

*C*

Amount of Each Receipt this Period

*500.00*

Name of Employer

*YELLOW CAB*

Occupation

*GEN. MGR.*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*500.00*

Full Name (Last, First, Middle Initial)

B. *MC BRIDE, ROBERT*

Mailing Address

*35 Brooklyn Rd*

City

*Hempstead*

State

*NY*

Zip Code

*11550*

Date of Receipt

*08 30 2001*

FEC ID number of contributing federal political committee.

*C*

Amount of Each Receipt this Period

*300.00*

Name of Employer

*ALL ISLAND TAXI*

Occupation

*Pres.*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*1,300.00*

Full Name (Last, First, Middle Initial)

C. *LAGASSE, ALFRED B.*

Mailing Address

*1 SPARTAN CT.*

City

*OLNEY*

State

*MD*

Zip Code

*20835*

Date of Receipt

*08 30 2001*

FEC ID number of contributing federal political committee.

*C*

Amount of Each Receipt this Period

*300.00*

Name of Employer

*TAXICAB, LIMOUSINE & PARATRANSIT ASSN.*

Occupation

*EX. V.P.*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*300.00*

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

*1,100.00*

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

*1,100.00*

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF 11	
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
*Taxicab, Limousine & Paratransit Association Political Action Committee*

Full Name (Last, First, Middle Initial)  
**A. CAMPOLONGO, JAMES D**

Mailing Address  
**1307 ROYAL CT.**

City State Zip Code  
**JEFFERSON BORO PA 15025**

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

Name of Employer Occupation  
**PITTSBURGH TRANSPORTATION PRES.**

Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt  
**08 31 2001**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**B. SWYSTUN, JUDITH O.**

Mailing Address  
**2000 E. OCEAN VIEW AVE.**

City State Zip Code  
**NORFOLK VA 23503**

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

Name of Employer Occupation  
**BLACK & WHITE CARS PRES.**

Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **500.00**

Date of Receipt  
**08 31 2001**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. BUTLER, KENNETH W.**

Mailing Address  
**11810 LYRAC CT**

City State Zip Code  
**DAKTON VA 22124**

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

Name of Employer Occupation  
**CAPITOL PARTNERSHIPS ~~RETS.~~ CONSULTANT**

Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **2000.00**

Date of Receipt  
**08 31 2001**

Amount of Each Receipt this Period  
**1000.00**

**1000.00**  
**12/12/01**

SUBTOTAL of Receipts This Page (optional) **3000.00**  
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 4 OF 11
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>	15	<input type="checkbox"/>	12
<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
*Tactical, Legislative & Paratransit Association Political Action Committee*

A. Full Name (Last, First, Middle Initial)  
**ROSENBERG, MURRAY S.**

Mailing Address  
**242 CENTER ST.**

City **TUCKERTON** State **NJ** Zip Code **08087**

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

Name of Employer **YELLOW CAB** Occupation **PRES.**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date **300.00**

Date of Receipt  
**08 30 2001**

Amount of Each Receipt this Period  
**300.00**

B. Full Name (Last, First, Middle Initial)  
**KNAUS WILLIAM A.**

Mailing Address  
**P.O. Box 201**

City **Bethel Park** State **PA** Zip Code **15102**

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

Name of Employer **Colonial Transit** Occupation **consultant**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date **300.00**

Date of Receipt  
**08 30 2001**

Amount of Each Receipt this Period  
**300.00**

C. Full Name (Last, First, Middle Initial)  
**DIZENGOFF, VICTOR**

Mailing Address  
**20 GAWAIN DR.**

City **MANALPAN** State **NJ** Zip Code **07726**

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

Name of Employer **BLACK CAR NEWS** Occupation **PRES.**

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date **500.00**

Date of Receipt  
**08 30 2001**

Amount of Each Receipt this Period  
**500.00**

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

TOTAL This Period (Just 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 5 OF 11

(check only one)

Grid for line numbers 11a-17 with checkboxes

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NAME OF COMMITTEE (In Full)

Tactical, Legislative & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. HEWATT, RICHARD C.

Mailing Address

14480 18TH FAIRWAY

City

ALPHARETTA

State

GA

Zip Code

30004

Date of Receipt

08 31 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

C

Name of Employer

CHECKER CAB

Occupation

PRES.

Receipt For:

Primary General

Other (specify)

Aggregate Year-to-Date

300.00

Full Name (Last, First, Middle Initial)

B. ARNET, JOHN M.

Mailing Address

74 PINE CT. N.

City

WEST SENECA

State

NY

Zip Code

14224

Date of Receipt

08 31 2001

Amount of Each Receipt this Period

300.00

FEC ID number of contributing federal political committee.

C

Name of Employer

WE CARE TRANSPORTATION

Occupation

PRES.

Receipt For:

Primary General

Other (specify)

Aggregate Year-to-Date

300.00

Full Name (Last, First, Middle Initial)

C. SMYTHE, WILLIAM H IV

Mailing Address

P.O. BOX 400

City

Memphis

State

TN

Zip Code

38101

Date of Receipt

08 31 2001

Amount of Each Receipt this Period

500.00

FEC ID number of contributing federal political committee.

C

Name of Employer

CHECKER CAB

Occupation

V.P.

Receipt For:

Primary General

Other (specify)

Aggregate Year-to-Date

500.00

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 6 OF 11

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)

Tactical, Linguistic & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. HAUCK, GENE**

Mailing Address  
 4119 CALLE DE PRIMERA

City State Zip Code  
 TORRANCE CA 90505

FEC ID number of contributing federal political committee.  
 C

Name of Employer Occupation  
 SUPERSHUTTLE LA PRES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5,000.00

Date of Receipt  
 09 05 2001

Amount of Each Receipt this Period  
 5,000.00

Full Name (Last, First, Middle Initial)  
**B. MARKA, PAUL W.**

Mailing Address  
 8121 STARLING CT

City State Zip Code  
 YPSILANTI MI 48197

FEC ID number of contributing federal political committee.  
 C

Name of Employer Occupation  
 CHECKER CAB CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1,500.00

Date of Receipt  
 09 05 2001

Amount of Each Receipt this Period  
 1,500.00

Full Name (Last, First, Middle Initial)  
**C. SEARCY, ROBERT A.**

Mailing Address  
 9660 CHICKASAW FARMS LN.

City State Zip Code  
 ORLANDO FL 32825

FEC ID number of contributing federal political committee.  
 C

Name of Employer Occupation  
 CITY CAB V.P.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1,000.00

Date of Receipt  
 09 05 2001

Amount of Each Receipt this Period  
 1,000.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 16,500.00

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 7 OF 11

(check only one)

<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)

*Tactical, Legislative & Paramilitary Association Political Action Committee*

Full Name (Last, First, Middle Initial)

A. *WIER, BRIAN*

Mailing Address

*6419 E. GOLD DUST AVE.*

City

*SCOTTSDALE*

State

*AZ*

Zip Code

*85253*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*09 / 05 / 2001*

Amount of Each Receipt This Period

*300.00*

Name of Employer

*SUPERSHUTTLE INTL*

Occupation

*CEO*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*300.00*

Full Name (Last, First, Middle Initial)

B. *MC BRIDE, BRIAN A.*

Mailing Address

*2069 W. THIRD ST*

City

*CLEVELAND*

State

*OH*

Zip Code

*44113*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*09 / 05 / 2001*

Amount of Each Receipt This Period

*600.00*

Name of Employer

*YELLOW CAB*

Occupation

*V.P.*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*600.00*

Full Name (Last, First, Middle Initial)

C. *HUNT, RICHARD R.*

Mailing Address

*208 AMHURST CIR.*

City

*NOBLESVILLE*

State

*IN*

Zip Code

*46060*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*11 / 15 / 2001*

Amount of Each Receipt This Period

*300.00*

Name of Employer

*YELLOW CAB*

Occupation

*PRES.*

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

*300.00*

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: PAGE 6 OF 11

(check only one)

<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)

Tactical, Legislative & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOSEPH, MARK L.

Mailing Address

7120 FAIRFAX RD.

City

BETHESDA

State

MD

Zip Code

20814

FEC ID number of contributing federal political committee.

C

Date of Receipt

11/15/2001

Amount of Each Receipt this Period

500.00

Name of Employer

YELLOW TRANSPORTATION

Occupation

PRES.

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

B. WATSON, SHERI

Mailing Address

1105 NE MOSS POINT RD.

City

LEE'S SUMMIT

State

MD

Zip Code

204064

FEC ID number of contributing federal political committee.

C

Date of Receipt

11/15/2001

Amount of Each Receipt this Period

300.00

Name of Employer

CHECKER TRANSPORTATION

Occupation

V.P.

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Full Name (Last, First, Middle Initial)

C. GENOVESE, FRANK J

Mailing Address

8903 PINE LN

City

MAGNOLIA

State

TX

Zip Code

77355

FEC ID number of contributing federal political committee.

C

Date of Receipt

11/15/2001

Amount of Each Receipt this Period

300.00

Name of Employer

YELLOW CAB SERVICE

Occupation

PRES

Receipt For:

Primary  General

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

SUBTOTAL of Receipts This Page (optional)

1,100.00

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 11

(check only one)

<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)

*Tactical, Liaison & Paratrain Associates Political Action Committee*

Full Name (Last, First, Middle Initial)

2. *LEONAS, DANIEL J.*

Mailing Address

*762 EMPIRE Rd*

City

*POLAND*

State

*ME*

Zip Code

*04274*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*11 15 2001*

Amount of Each Receipt this Period

*100.00*

Name of Employer

*CITY CAB*

Occupation

*PRES.*

Receipt For:

Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾

*100.00*

Full Name (Last, First, Middle Initial)

3. *LOOP, DIANA S.*

Mailing Address

*P.O. Box 2637*

City

*AVALON*

State

*CA*

Zip Code

*90704*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*11 15 2001*

Amount of Each Receipt this Period

*300.00*

Name of Employer

*CATALINA TRANSPORTATION*

Occupation

*PRES.*

Receipt For:

Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾

*300.00*

Full Name (Last, First, Middle Initial)

4. *MCLARY, JAMES J.*

Mailing Address

*8306 MACK ST.*

City

*ALEXANDRIA*

State

*VA*

Zip Code

*22308*

FEC ID number of contributing federal political committee.

*C*

Date of Receipt

*11 15 2001*

Amount of Each Receipt this Period

*300.00*

Name of Employer

*SOUTHEAST TRANSIT MGT*

Occupation

*PRES.*

Receipt For:

Primary  General  
 Other (specify) ▾

Aggregate Year-to-Date ▾

*300.00*

SUBTOTAL of Receipts This Page (optional)

*700.00*

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 11
	<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)  
*Taxicab, Limousine & Paratransit Association Political Action Committee*

Full Name (Last, First, Middle Initial)  
**A. SLAGLE, LARRY E.**

Mailing Address  
**1391 CORONA AVE**

City State Zip Code  
**NORCO CA 92860**

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

Name of Employer Occupation  
**YELLOW CAB PRES**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**11 15 2001**

Amount of Each Receipt this Period  
**300.00**

Full Name (Last, First, Middle Initial)  
**B. DWIRI, NATHAN**

Mailing Address  
**34 PRINCETON ST**

City State Zip Code  
**SAN FRANCISCO CA 94134**

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

Name of Employer Occupation  
**YELLOW CAB GEN. MGR.**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**500.00**

Date of Receipt  
**11 15 2001**

Amount of Each Receipt this Period  
**500.00**

Full Name (Last, First, Middle Initial)  
**C. GADDIS, JESSE P.**

Mailing Address  
**P.O. Box 950, NEW RIVER STATION**

City State Zip Code  
**FT. LAUDERDALE FL 33302**

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

Name of Employer Occupation  
**YELLOW CAB CHAIRMAN**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**11 15 2001**

Amount of Each Receipt this Period  
**300.00**

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: (check only one)		PAGE 11 OF 11	
	<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)  
*Taxicat, Limousine & Paratransit Association Political Action Committee*

A. Full Name (Last, First, Middle Initial)  
*SMARELLI, MARY*

Mailing Address  
*1707 PROSPECT AVE #16A*

City *MILWAUKEE* State *WI* Zip Code *53202*

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

Name of Employer: *TRANSIT EXPRESS* Occupation: *PRES.*

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: *30000*

Date of Receipt: *12/28/2001*

Amount of Each Receipt this Period: *30000*

B. Full Name (Last, First, Middle Initial)  
*CIRRUZZO, JOSEPH*

Mailing Address  
*66 WADSWORTH AVE*

City *STATEN ISLAND* State *NY* Zip Code *10305*

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

Name of Employer: *A ELEGANT LIMOUSINES* Occupation: *PRES.*

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: *15000*

Date of Receipt: *12/28/2001*

Amount of Each Receipt this Period: *15000*

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) *45000*

TOTAL This Period (last page this line number only) *1380000*

*45000*

*1380000*

**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				

PAGE 1 OF 2

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NAME OF COMMITTEE (In Full)  
*Typical, Limousine & Paratransit Association Political Action Committee*

A. **CITIZENS FOR TOM PETRI**

Date of Disbursement: **10 03 2001**

Mailing Address: **4451 BROOKFIELD CORP DR. #200**

City: **CHANTILLY VA** Zip Code: **20151**

Purpose of Disbursement: **support re-election**

Candidate Name: **TOM PETRI**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **24K**

Amount of Each Disbursement this Period: **10,000**

Category/Type: **C00107003**

B. **BILL SHUSTER FOR CONGRESS**

Date of Disbursement: **10 10 2001**

Mailing Address: **P.O. Box 27**

City: **HOLLIDAYSBURG PA** Zip Code: **16648**

Purpose of Disbursement: **support re-election**

Candidate Name: **BILL SHUSTER**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **24K**

Amount of Each Disbursement this Period: **5000**

Category/Type: **C0014744**

C. **FRIENDS OF JIM OBERSTAR**

Date of Disbursement: **10 17 2001**

Mailing Address: **424 WARNER ST. NW**

City: **WASHINGTON DC** Zip Code: **20001**

Purpose of Disbursement: **support re-election**

Candidate Name: **JIM OBERSTAR**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **24K**

Amount of Each Disbursement this Period: **10,000**

Category/Type: **C00187419**

**SUBTOTAL** of Disbursements This Page (optional) **25,000**

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



**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 2 OF 2

21b  22  23  24  25  
 26  27  28a  28b  28c  29

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NAME OF COMMITTEE (In Full)

*Topical, Linnaine & Paratranit Association Political Action Committee*

Full Name (Last, First, Middle Initial)

Date of Disbursement

*11 19 2001*

A.

*COLEMAN FOR SENATE*

Mailing Address

*2530 S. ADAM ST*

City

*ARLINGTON*

State

*VA*

Zip Code

*22206*

Purpose of Disbursement

*support election to Senate in MN*

Candidate Name

*COLEMAN*

Category/Type

Amount of Each Disbursement this Period

*1,000.00*

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

*24K*

*CO 567212*

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

*1,000.00*

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

*3,500.00*

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 1/31/02
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>SMK</i>	 2/12/02
PREPARER	DATE PREPARED