



**TAXICAB, LIMOUSINE &  
PARATRANSIT ASSOCIATION**

RECEIVED  
FEC MAIL ROOM

2001 OCT 18 A 9 50

Representing taxicab, limousine, sedan, airport  
shuttle, paratransit, & non-emergency medical  
fleets worldwide.

October 17, 2001

Ms. Alice Kang  
Reports Analyst  
Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

RE: Amended Reports for C00132480  
Taxicab, Limousine & Paratransit Association Political Action Committee

Dear Ms. Kang:

This letter is in response to your letter of October 3 inquiring about the accuracy of our Quarterly Report for the period July 1, 2000 through September 30, 2000. (Please note that our PAC was formerly known as the International Taxicab and Livery Association PAC and the amended reports are submitted under that name.)

Thank you for calling that report to our attention. In researching this matter, it turns out that we made an error that is now corrected on the enclosed amended report for this filing. In this case we failed to properly account for federal and non-federal funds contributed by our PAC to the Republican Party of Florida - Victory 2000 PAC. The enclosed amended report corrects this error.

To assist you in your review, the specific correction made on the enclosed amended report is as follows: The \$10,000 that was contributed to the Republican Party of Florida Victory 2000 on August 25, 2000 was originally all accounted for on line 23. The correction is that \$5,000 of this contribution is now accounted for on line 23 and the remaining \$5,000 is accounted for as a non-federal "other" disbursements" on line 29. We have also adjusted Schedule B for the Itemized Disbursements. These changes conform to the manner in which these disbursements were treated and reported by the Republican Party of Florida. In their records, they accounted for our contribution as being \$5,000 in federal support and \$5,000 in non-federal support.

If you have any questions concerning this matter or our amended report, please contact me.

Sincerely,

Alfred LaGasse  
Executive Vice President

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2009 OCT 18 A 9 50

**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. **12PE4M5**

**INTERNATIONAL TAXI CAB AND LIVERY ASSOCIATION  
POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) **3849 FARRAGUT AVE.**

Check if different than previously reported. (ACC)

**KENSINGTON MD 20895**

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

**C00132480**

3. IS THIS REPORT NEW (N) OR **X** AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- X** October 15 Quarterly Report (Q3)
- January 31 Year-End 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) <small>(Non-Election Year Only)</small>
	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) <small>(Non-Election Year Only)</small>
	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 2000** through **09 30 2000**

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**

Signature of Treasurer  Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

Office Use Only							
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**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 International Taxicat and Livery Association  
Political Action Committee

Report Covering the Period: From 07 01 2000 To: 09 30 2000

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2000</u>		40,066.65
(b) Cash on Hand at Beginning of Reporting Period .....	38,866.65	
(c) Total Receipts (from Line 19) .....	5,350.00	7,150.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	44,216.65	47,216.65
7. Total Disbursements (from Line 30) .....	15,000.00	18,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	29,216.65	29,216.65
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....	0	

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 International Tailcoat and Livery Association  
Political Action Committee

Report Covering the Period: From: 07'01'2000 To: 09'30'2000

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) .....	5,350.00	
(ii) Unitemized .....	-	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	5,350.00	7,150.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	5,350.00	7,150.00
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) .....	5,350.00	7,150.00
20. Total Federal Receipts (subtract Line 16 from Line 19) .....	5,350.00	7,150.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 8X (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 .....	10,000.00	13,000.00
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 PACs) .....	-	-
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	5,000.00	5,000.00
29. Other Disbursements .....	5,000.00	5,000.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	15,000.00	18,000.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) .....	15,000.00	18,000.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5,350.00	7,150.00
33. Total Contribution Refunds (from Line 28(d)) .....	-	-
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	5,350.00	7,150.00
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 35 from Line 36) .....	-	-

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)

International Textbook Living Associates Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. H. Smythe III 581 S. Second Memphis, TN 38126	Yellow Cab	9/16/00	300 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.	Aggregate Year-to-Date > \$ 300 <sup>00</sup>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
W. H. Smythe III 581 S. Second Memphis, TN 38126	Chester Cab	9/16/00	500 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	Aggregate Year-to-Date > \$ 500 <sup>00</sup>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Sauerman 716 Germantown Pike Lafayette Hill, PA 19444	Alpha Mgt.	9/16/00	600 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.	Aggregate Year-to-Date > \$ 600 <sup>00</sup>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Swygert 2000 E. Ocean View Ave Norfolk, VA 23503	Black & White Care	9/16/00	500 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P.	Aggregate Year-to-Date > \$ 500 <sup>00</sup>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frank Snowball 8903 Pine Lane Magnolia, TX 77355	Greater Houston Transportation Co.	9/16/00	300 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.	Aggregate Year-to-Date > \$ 300 <sup>00</sup>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Hunt 208 Amburst Cir. Noblesville, IN 46060	Yellow Cab	9/16/00	300 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.	Aggregate Year-to-Date > \$ 300 <sup>00</sup>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian McBride 2069 W. Third St. Cleveland, OH 44113	Yellow Cab	9/16/00	600 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.	Aggregate Year-to-Date > \$ 600 <sup>00</sup>	

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

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

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)

International Taxicab and Livery Association Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry Slagle 1391 Corona Ave. Norco, CA 92860	Yellow Cab Norc.	9/16/00	300 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres	Aggregate Year-to-Date > \$ 300 <sup>00</sup>	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ellis Houston 1223 Kingsbridge Houston, TX 77073	United Cab	9/16/00	500 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres	Aggregate Year-to-Date > \$ 500 <sup>00</sup>	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nicholas Combes 2939 Elysium Way Clearwater, FL 33759	Yellow Cab	9/16/00	350 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres	Aggregate Year-to-Date > \$ 350 <sup>00</sup>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Victor Digenoff 20 Hawaii Drive Manalapan, NJ 07726	Black Car Asst. Corp. EX-DITE	9/16/00	500 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EX-DITE	Aggregate Year-to-Date > \$ 500 <sup>00</sup>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jesse Gaddis New River Station - Box 950 Ft. Lauderdale, FL 33302	Yellow Cab	9/16/00	300 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.	Aggregate Year-to-Date > \$ 300 <sup>00</sup>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian Wier 6419 E. Gold Dust Ave. Scottsdale, AZ 85253	Super Shuttle	9/16/00	300 <sup>00</sup>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres.	Aggregate Year-to-Date > \$ 300 <sup>00</sup>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation:	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

5,350<sup>00</sup>

**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 1 OF 2

<input type="checkbox"/> 21a	<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				

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NAME OF COMMITTEE (in Full) *International Tactical and Training Association  
Political Action Committee*

Full Name (Last, First, Middle Initial) \_\_\_\_\_

**A.** *Bud Shuster for Congress Committee* Date of Disbursement: *07 20 2000*

Mailing Address: *P.O. Box 329*

City: *Altoona* State: *PA* Zip Code: *16603* Amount of Each Disbursement this Period: *3,000.00*

Purpose of Disbursement: *Support re-election to U.S. House from PA* Category/Type: *11*

Candidate Name: *Bud Shuster*

Office Sought:  House Disbursement For:  Primary  General  
 Senate  Other (specify)  President

State: \_\_\_\_\_ District: \_\_\_\_\_

Full Name (Last, First, Middle Initial) \_\_\_\_\_

**B.** *Republican Party of Florida - Victory 2000* Date of Disbursement: *08 25 2000*

Mailing Address: *9200 S. Dadeland Blvd. #417*

City: *Miami* State: *FL* Zip Code: *33156* Amount of Each Disbursement this Period: *5,000.00*

Purpose of Disbursement: *support federal activities* Category/Type: *11*

Candidate Name: \_\_\_\_\_

Office Sought:  House Disbursement For:  Primary  General  
 Senate  Other (specify)  President

State: \_\_\_\_\_ District: \_\_\_\_\_

Full Name (Last, First, Middle Initial) \_\_\_\_\_

**C.** *Citizens for Tom Petri* Date of Disbursement: *09 26 2000*

Mailing Address: *4451 Brookfield Corp. Dr. #200*

City: *Chantilly* State: *VA* Zip Code: *20151* Amount of Each Disbursement this Period: *1,000.00*

Purpose of Disbursement: *support re-election to U.S. House from WI* Category/Type: *11*

Candidate Name: *Tom Petri*

Office Sought:  House Disbursement For:  Primary  General  
 Senate  Other (specify)  President

State: \_\_\_\_\_ District: \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional) *9,000.00*

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 <u>2</u> OF <u>2</u>			
	<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"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (in Full) International Tailor and Livery Association Political Action Committee

Full Name (Last, First, Middle Initial) <u>A. Friends of Clay Shaw</u>		Date of Disbursement <u>09 26 2000</u>
Mailing Address <u>4451 Brookfield Corp. Dr. # 417</u>		Amount of Each Disbursement this Period <u>1,000.00</u>
City <u>Chantilly</u>	State <u>VA</u> Zip Code <u>20151</u>	
Purpose of Disbursement <u>support re-election to U.S. House from FL</u>		Category/Type <u>11</u>
Candidate Name <u>Clay Shaw</u>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <u>B.</u>		Date of Disbursement .....
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <u>C.</u>		Date of Disbursement .....
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (text page this line number only).....▶	<u>10,000.00</u>

**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 1 OF 1
	<input 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 checked="" type="checkbox"/> 28

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) *International Taxicab and Livery Association Political Action Committee*

Full Name (Last, First, Middle Initial) <b>A</b> <i>Republican Party of Florida - Victory 2000</i>		Date of Disbursement <i>08 25 2000</i>
Mailing Address <i>9200 S. Dadeland Blvd. # 417</i>		Amount of Each Disbursement this Period <i>5000.00</i>
City <i>Miami</i>	State Zip Code <i>FL 33156</i>	
Purpose of Disbursement <i>Support non-federal activities</i>		Category Type <i>1</i>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	


Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	<i>5,000.00</i>

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 <i>10-18-01</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<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>10-18-01</i>
PREPARER	DATE PREPARED