

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEDERAL MAIL
OPERATIONS CENTER

NOV 15 2004

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)

3849 Farragut Avenue

Check if different than previously reported. (ACC)

Kensington

M.D.

20895

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C 00132480

9. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(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 2004

through

09 30 2004

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

10 14 2004

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

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form SX (Revised 1/01)

Write or Type Committee Name

Taxicab, Limousine & Paratransit Association Political Action Committee

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		41,043.65
(b) Cash on Hand at Beginning of Reporting Period	39,343.65	
(c) Total Receipts (from Line 19)	30,250.00	10,325.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	42,369.65	51,368.65
7. Total Disbursements (from Line 30)	13,500.00	22,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28,869.65	28,868.65
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1N)

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)

Write or Type Committee Name

Taxicab, Limousine & Paratransit Association Political Action Committee

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

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) (ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	3,000.00 25.00 3,025.00	10,325.00
(b) Political Party Committees (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 32, page 4) ▶	3,025.00	10,325.00
12. Transfers From Affiliates/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) ▶	3,025.00	10,325.00
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	3,025.00	10,325.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

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	13,500.00	22,500.00
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))		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	13,500.00	22,500.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	13,500.00	22,500.00

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	30,250.00	10,325.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	30,250.00	10,325.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offset 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 2	
(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)

Taxicab, Limousine & Paratransit Association Political Action Committee

A. Full Name (Last, First, Middle Initial) McLARY, JAMES

Mailing Address 17419 FOUR SEASONS DR.

City DUMFRIES State VA Zip Code 22026

FEC ID number of contributing federal political committee C

Date of Receipt 08 / 31 / 2004

Amount of Each Receipt this Period 500.00

Name of Employer McLARY MANAGEMENT Occupation PRES.

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 500.00

B. Full Name (Last, First, Middle Initial) LAGASSE, ALFRED

Mailing Address 1 SPARTAN CT

City OLNEY State MD Zip Code 20832

FEC ID number of contributing federal political committee C

Date of Receipt 08 / 31 / 2004

Amount of Each Receipt this Period 500.00

Name of Employer TLPA Occupation EXEC. V.P.

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 500.00

C. Full Name (Last, First, Middle Initial) HOUSTON, ELLIS

Mailing Address 2316-B FIRST AVE.

City BIRMINGHAM State AL Zip Code 35233

FEC ID number of contributing federal political committee C

Date of Receipt 08 / 31 / 2004

Amount of Each Receipt this Period 500.00

Name of Employer YELLOW CAB Occupation PRES.

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date 500.00

SUBTOTAL of Receipts This Page (optional) 1,500.00

TOTAL This Period (last page this line number only) 1,500.00

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

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

FORM LINE NUMBER: PAGE 2 OF 2
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ROUSE, MITCHELL

Mailing Address
 2129 W. ROSECRANS AVE.

City State Zip Code
 GARDENA CA 90249

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

Name of Employer: **L.A. YELLOW CAB Co-Op** Occupation: **Officer**

Receipt For:
 Primary General
 Other (specify):

Aggregate Year-to-Date: **500.00**

Date of Receipt: **08 31 2004**

Amount of Each Receipt this Period: **500.00**

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

Mailing Address
 4952 N. ARROW CREST WAY

City State Zip Code
 BOISE ID 83703

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

Name of Employer: **SUPERSHUTTLE INT'L** Occupation: **VICE-PRES**

Receipt For:
 Primary General
 Other (specify):

Aggregate Year-to-Date: **500.00**

Date of Receipt: **08 31 2004**

Amount of Each Receipt this Period: **500.00**

Full Name (Last, First, Middle Initial)
C. LEONAS, DANIEL

Mailing Address
 29 AVON ST.

City State Zip Code
 LEWISTON ME 04204

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

Name of Employer: **CITY CAB CO.** Occupation: **PRES.**

Receipt For:
 Primary General
 Other (specify):

Aggregate Year-to-Date:

Date of Receipt: **08 31 2004**

Amount of Each Receipt this Period: **500.00**

SUBTOTAL of Receipts This Page (optional) **1,500.00**

TOTAL This Part (last page this line number only) **3,000.00**

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 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

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NAME OF COMMITTEE (in full)

Taxicab, Limousine & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. TOM DELAY CONGRESSIONAL COMMITTEE

07 13 2004

Mailing Address

2100 M ST., NW. # 170-286

City

WASHINGTON

State

DC

Zip Code

20037

Amount of Each Disbursement This Period

2000.00

Purpose of Disbursement

contribution

011

Category/Type

Candidate Name

TOM DELAY

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: TX

District: 22

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. CITIZENS FOR TOM PETRI

09 30 2004

Mailing Address

P.O. Box 270

City

FOND DU LAC, WI

State

Zip Code

54936

Amount of Each Disbursement This Period

1000.00

Purpose of Disbursement

contribution

011

Category/Type

Candidate Name

TOM PETRI

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: WI

District: 6

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. PETE COORS FOR SENATE

09 30 2000

Mailing Address

P.O. BOX 262209

City

LITTLETON

State

CO

Zip Code

80163

Amount of Each Disbursement This Period

2500.00

Purpose of Disbursement

contribution

011

Category/Type

Candidate Name

PETE COORS

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: CO

District:

SUBTOTAL of Disbursements This Page (optional)

5500.00

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 2 OF 3
	<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

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NAME OF COMMITTEE (in Full)

Taxicab, Limousine & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 27 / 2004

A. TAE RICHARD BURR COMMITTEE

Mailing Address

P.O. Box 5928

City

WINSTON-SALEM

State

NC

Zip Code

27113

Amount of Each Disbursement this Period

300000

Purpose of Disbursement

contribution

001

Candidate Name

RICHARD BURR

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: NC

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 30 / 2004

B. MICHELS for U.S. SENATE

Mailing Address

W 226 N 665 EASTMOUND DR #130

City

WAUKESHA

State

WI

Zip Code

53186

Amount of Each Disbursement this Period

100000

Purpose of Disbursement

contribution

011

Candidate Name

TIM MICHELS

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: WI

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

09 / 30 / 2004

C. DEMINT FOR SENATE

Mailing Address

P.O. Box 12425

City

COLUMBIA

State

SC

Zip Code

29211

Amount of Each Disbursement this Period

300000

Purpose of Disbursement

contribution

011

Candidate Name

JIM DEMINT

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary
 General
 Other (specify) ▼

State: SC

District:

SUBTOTAL of Disbursements This Page (optional)

500000

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)

<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)

Taxicab, Limousine & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. LISA MURKOWSKI for U.S. SENATE

Date of Disbursement

09 / 30 / 2004

Mailing Address

1008 W. NORTHERN LIGHTS

Amount of Each Disbursement this Period

3,000.00

City

ANCHORAGE

State

AK

Zip Code

99503

Purpose of Disbursement

contribution

PLI

Category/
Type

Candidate Name

LISA MURKOWSKI

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: AK

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

____ / ____ / _____

Amount of Each Disbursement this Period

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:

Full Name (Last, First, Middle Initial)

Date of Disbursement

____ / ____ / _____

Amount of Each Disbursement this Period

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:

GRAND TOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

13,500.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fedex</i>	Shipping Date <i>10-14-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>SL</i> PREPARER	<i>10-15-04</i> DATE PREPARED