

**FEC  
FORM 3X**

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

RECEIVED  
2014 DEC 30 AM 10:57

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

TAXI, CAB, LIMOUSINE & PARATRANSIT ASSOCIATION  
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 3200 TOWER OAKS BLVD SUITE 220

Check if different than previously reported. (ACC) ROCKVILLE MD 20852

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00132480

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

4. TYPE OF REPORT (Choose One)

(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)

- (b) Monthly Report Due On:
- Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
  - General (12G)
  - Runoff (12R)
  - Convention (12C)
  - Special (12S)

Election on 11 / 04 / 2014 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 10 / 01 / 2014 through 10 / 15 / 2014

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

12 / 29 / 2014

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									
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**FEC FORM 3X**  
Rev. 12/2004

## Amended Report

The report was amended to correct the contribution amount paid out to Duncan for Congress on October 10, 2014 (Schedule B, Page 1 of 4). The check was posted for \$1,500 but the bank paid out \$1,000. The report has been corrected to indicate a net reduction in contributions of \$500 with a resulting increase in cash on hand that is now \$500 more than previously reported.

ASTON : HMIO : NNMO

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 10 / 01 / 2014 To: 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">2014</span>		<span style="border: 1px solid black; padding: 2px;">117,703.99</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">100,091.49</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">1,000.00</span>	<span style="border: 1px solid black; padding: 2px;">9,387.50</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<span style="border: 1px solid black; padding: 2px;">1,01,091.49</span>	<span style="border: 1px solid black; padding: 2px;">1,27,091.49</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">20,500.00</span>	<span style="border: 1px solid black; padding: 2px;">46,500.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">80,591.49</span>	<span style="border: 1px solid black; padding: 2px;">80,591.49</span>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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







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

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

FOR LINE NUMBER: PAGE / OF /

(check only one)

11a  11b  11c  12  17

13  14  15  16

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)  
**Kines, Dwight R**

Mailing Address  
**2100 Huntington Ave**

City State Zip Code  
**Baltimore MD 21211**

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

Name of Employer  
**Veolia Transportation**

Occupation  
**Transportation Executive**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50000**

Date of Receipt  
**10 / 13 / 2014**

Amount of Each Receipt this Period  
**50000**

B. Full Name (Last, First, Middle Initial)  
**Lagar, John M**

Mailing Address  
**2230 Ferrolld Ave.**

City State Zip Code  
**San Francisco CA 94124**

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

Name of Employer  
**Luxor Cab**

Occupation  
**Transportation Exec.**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50000**

Date of Receipt  
**10 / 13 / 2014**

Amount of Each Receipt this Period  
**50000**

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).....▶

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

**100000**

11-01-14

**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 4				
	<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

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NAME OF COMMITTEE (In Full)  
**TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial): Duncan for Congress

Mailing Address: P.O. Box 2646

City: Knoxville State: TN Zip Code: 37901

Purpose of Disbursement: contribution

Candidate Name: John Duncan Category/Type: 011

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: TN District: 2

Date of Disbursement: 10/10/2014

Amount of Each Disbursement this Period: 1500.00 **ERROR**  
BANK PAID OUT \$1,000.

**B.**

Full Name (Last, First, Middle Initial): Sam Graves for Congress

Mailing Address: 499 S. Capital St, SW #420

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement: contribution

Candidate Name: Sam Graves Category/Type: 011

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: MD District: 6

Date of Disbursement: 10/10/2014

Amount of Each Disbursement this Period: 1000.00

**C.**

Full Name (Last, First, Middle Initial): Shinkus for Congress

Mailing Address: 499 S. Capital St, SW #420

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement: contribution

Candidate Name: John Shinkus Category/Type: 011

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: IL District: 15

Date of Disbursement: 10/10/2014

Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional)..... 4500.00 **4,000.00**

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

11/01/14 11:00 AM



**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)

**TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A.**

Roy Blunt Leadership PAC  
Mailing Address

209 Pennsylvania Ave SE  
City State Zip Code

Washington DC 20003  
Purpose of Disbursement

Candidate Name contribution Category/Type 011

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

State: MO District:

Date of Disbursement: 10 / 10 / 2014

Amount of Each Disbursement this Period: 25000.00

**B.**

McCannell Senate Committee '14  
Mailing Address

P.O. Box 1496  
City State Zip Code

Louisville KY 40201  
Purpose of Disbursement

Candidate Name contribution Category/Type 011

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

State: KY District:

Date of Disbursement: 10 / 10 / 2014

Amount of Each Disbursement this Period: 50000.00

**C.**

Anna Eshoo for Congress  
Mailing Address

555 Bryant St, P.O. Box 335  
City State Zip Code

Palo Alto CA 94301  
Purpose of Disbursement

Candidate Name contribution Category/Type 011

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

State: CA District: 18

Date of Disbursement: 10 / 10 / 2014

Amount of Each Disbursement this Period: 15000.00

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

90000.00

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 <b>3</b> OF <b>4</b>
	<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)  
**TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial) Walden for Congress

Mailing Address P.O. Box 1091

City Hood River State OR Zip Code 97031

Purpose of Disbursement contribution

Candidate Name Greg Walden Category/Type 011

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: OR District: 2

Date of Disbursement: 10 / 10 / 2014

Amount of Each Disbursement this Period: 1,500.00

**B.**

Full Name (Last, First, Middle Initial) Fred Upton for Congress

Mailing Address 402 State St.

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement contribution

Candidate Name Fred Upton Category/Type 011

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: MI District: 6

Date of Disbursement: 10 / 10 / 2014

Amount of Each Disbursement this Period: 2,500.00

**C.**

Full Name (Last, First, Middle Initial) Shuster for Congress

Mailing Address 104 Heene Ave.

City Alexandria State VA Zip Code 22301

Purpose of Disbursement contribution

Candidate Name Bill Shuster Category/Type 011

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: PA District: 9

Date of Disbursement: 10 / 10 / 2014

Amount of Each Disbursement this Period: 2,500.00

SUBTOTAL of Disbursements This Page (optional).....▶ 6,500.00

TOTAL This Period (last page this line number only).....▶ 6,500.00

FEDERAL ELECTION COMMISSION

**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)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement	
Mailing Address <i>Duncan for Congress</i> <i>P.O. Box 2646</i>		10 / 13 / 2014	
City	State	Zip Code	Amount of Each Disbursement this Period
<i>Knoxville</i>	<i>TN</i>	<i>37901</i>	
Purpose of Disbursement		Category/Type	100000
Candidate Name		011	
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: <i>TN</i>	District: <i>2</i>		

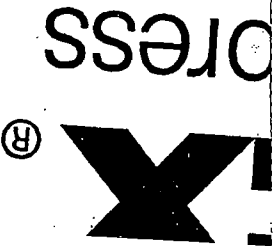
B.		Date of Disbursement	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input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

C.		Date of Disbursement	
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/Type	
Candidate Name			
Office Sought:	Disbursement For:		
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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).....▶

20,500.00



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2014 DEC 30 AM 10:57  
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FedEx Ship Manager - Print Your Label(s)

12/26/14 4:06 PM

From: (301) 984-5700  
Alfred LAGASSE  
Taxicab, Limo & Para Association  
3200 Tower Oaks Blvd., Ste. 220  
Rockville, MD 20852



Origin ID: NSFA



J14214022303uv

BILL SENDER

SHIP TO: (800) 424-9530  
Public Records Office  
Federal Election Commission  
999 E Street, N.W.

Washington, DC 20463

Ship Date: 29DEC14  
ActWgt 0.2 LB  
CAD: 4160003INET3550

Delivery Address Bar Code



Ref # Federal Election Comm.  
Invoice #  
PO #  
Dept #

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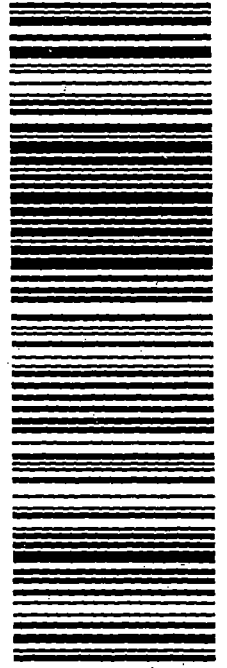
Insert shipping  
document here

TUE - 30 DEC AA  
STANDARD OVERNIGHT

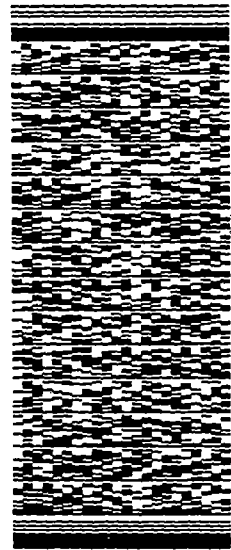
TRK# 7723 9199 4639  
0201

20463  
DC-US  
IAD

19 RDVA



522020758AC9



FZ  
R 677  
15:00 6  
12:30 4639

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.

FROM: 1101010101

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <b>FEDEX</b>	Shipping Date <b>12/29/14</b>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<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

**PREPARER**  
 (8/2013)

**DATE PREPARED**  
**12/30/14**