

2010 FEB -1 AM 10:30

**FEC
FORM 3X**

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

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 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) 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 / 2009 through 12 / 31 / 2009

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 01 / 29 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

10030233749

**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: **07** / **01** / **2009** To: **12** / **31** / **2009**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2009		7,357,961
(b) Cash on Hand at Beginning of Reporting Period.....	7,361,961	
(c) Total Receipts (from Line 19)	16,732.00	26,770.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9,034,961	1,003,496.1
7. Total Disbursements (from Line 31)	1,000,000	1,100,000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8,934,961	8,934,961
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000	

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

10030233750

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

07 ' 01 ' 2009

To:

12 ' 31 ' 2009

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).....	13,600.00	23,640.00
(ii) Unitemized.....	3,130.00	3,130.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16,730.00	26,770.00
(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 33, page 5).....▶	16,730.00	26,770.00
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 37, page 5).....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	16,730.00	26,770.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16,730.00	26,770.00

10030233751

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated 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.....	1,000.00	11,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (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. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1,000.00	11,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,000.00	11,000.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1,000.00	11,000.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,000.00	11,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)		

10030233753

**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 1 OF 9
	<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

Full Name (Last, First, Middle Initial) A. Bates, Craig A.		Date of Receipt 07 / 31 / 2009
Mailing Address 1100 Main		Amount of Each Receipt this Period 500.00
City Kansas City	State Zip Code MO 64196	
FEC ID number of contributing federal political committee. C		
Name of Employer Northtown Cab	Occupation Transportation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Dizenoff, Victor		Date of Receipt 07 / 31 / 2009
Mailing Address 30 Wall Street, 10th FL		Amount of Each Receipt this Period 500.00
City New York	State Zip Code NY 10005	
FEC ID number of contributing federal political committee. C		
Name of Employer Black Car Assistance Corp.	Occupation Transportation Exec.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Hewatt, Richard C		Date of Receipt 07 / 31 / 2009
Mailing Address 563 Trotter Ave, NW		Amount of Each Receipt this Period 500.00
City Atlanta	State Zip Code GA 30309	
FEC ID number of contributing federal political committee. C		
Name of Employer Checker Cab	Occupation Transportation Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

10030233754

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 9

(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)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LeGasse, Alfred B.

Mailing Address

3200 Tower Oaks Blvd #220

City

Rockville

State

MD

Zip Code

20852

FEC ID number of contributing federal political committee.

C

Date of Receipt

07 / 31 / 2009

Amount of Each Receipt this Period

500.00

Name of Employer

Taxicab, Limousine & Paratransit Assn.

Occupation

Association Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

B. Slagle, Larry E.

Mailing Address

1619 E. Lincoln Ave.

City

Anaheim

State

CA

Zip Code

92805

FEC ID number of contributing federal political committee.

C

Date of Receipt

07 / 31 / 2009

Amount of Each Receipt this Period

600.00

Name of Employer

Yellow Cab

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Full Name (Last, First, Middle Initial)

C. Smarelli, Mary J.

Mailing Address

424 W. Cherry St.

City

Milwaukee

State

WI

Zip Code

53212

FEC ID number of contributing federal political committee.

C

Date of Receipt

07 / 31 / 2009

Amount of Each Receipt this Period

500.00

Name of Employer

Transit Express

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

10/8/09

200.00

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

1800.00

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

1800.00

10030233755

**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 **9**
 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. Werth, Robert M.
 Mailing Address
7311 B. Highland St.
 City State Zip Code
Springfield VA 22150
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
Diamond Transportation Transportation Exec.
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date
500.00

Date of Receipt
07 / 31 / 2009
 Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Bennett, James C.
 Mailing Address
7417 Roosevelt Rd
 City State Zip Code
Forest Park IL 60130
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
Blue Cab Transportation Exec.
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date
500.00

Date of Receipt
09 / 16 / 2009
 Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Campolongo, James D.
 Mailing Address
1825 Liverpool St.
 City State Zip Code
Pittsburgh PA 15233
 FEC ID number of contributing federal political committee.
C
 Name of Employer Occupation
Pittsburgh Transportation Group Transportation Exec.
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date
500.00

Date of Receipt
09 / 16 / 2009
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
 TOTAL This Period (last page this line number only).....

10030233756

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

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

FOR LINE NUMBER: PAGE 4 OF 9
(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. **Fogarty, Michael Jr.**

Mailing Address

100 Cummings Center # 225 G

City

Beverly

State

MA

Zip Code

01915

FEC ID number of contributing federal political committee.

C

Date of Receipt

09 ' 16 ' 2009

Amount of Each Receipt this Period

500.00

Name of Employer

Tristar Services

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

B. **Lerise, Michael**

Mailing Address

25-11 41st Ave.

City

Long Island City

State

NY

Zip Code

11101

FEC ID number of contributing federal political committee.

C

Date of Receipt

09 ' 16 ' 2009

Amount of Each Receipt this Period

500.00

Name of Employer

Rovert Leasing

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

10/8/09 200.00

Full Name (Last, First, Middle Initial)

C. **McJury, James Jr.**

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

09 ' 16 ' 2009

Amount of Each Receipt this Period

500.00

Name of Employer

McJury Mgt.

Occupation

Transportation Exec.

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

10030233757

**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 9
(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

A. Full Name (Last, First, Middle Initial)
Palmeri, Anthony M.

Mailing Address
3473 Kurty St.

City *San Diego* State *CA* Zip Code *92110*

FEC ID number of contributing federal political committee. C

Name of Employer *Yellow Cab* Occupation *Transportation Exec.*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / *16* / *2009*

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Rouse, Mitchell

Mailing Address
2129 W. Rosecrans Ave.

City *Gardena* State *CA* Zip Code *90249*

FEC ID number of contributing federal political committee. C

Name of Employer *United Checker Cab Co-Op* Occupation *Transportation Exec*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / *16* / *2009*

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Rouse, William J.

Mailing Address
2129 W. Rosecrans Ave

City *Gardena* State *CA* Zip Code *90249*

FEC ID number of contributing federal political committee. C

Name of Employer *L.A. Yellow Cab Co-Op* Occupation *Transportation Exec*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
09 / *16* / *2009*

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶ *1500.00*

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

10030233758

**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 6 OF 9
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Scalzi, William C.

Mailing Address
65 Industry Dr.

City *West Haven* State *CT* Zip Code *06516*

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

Name of Employer *Metro Taxi* Occupation *Transportation Exec.*

Receipt For:
 Primary General
 Other (specify) *▼*

Aggregate Year-to-Date *7,000.00*

Date of Receipt
09 / *16* / *2009*

Amount of Each Receipt this Period
500.00

12/31/09 200.00

B. Full Name (Last, First, Middle Initial)
Smythe, William H

Mailing Address
P.O. Box 400

City *Memphis,* State *TN* Zip Code *38101*

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

Name of Employer *Chester Cab* Occupation *Transportation Exec.*

Receipt For:
 Primary General
 Other (specify) *▼*

Aggregate Year-to-Date *500.00*

Date of Receipt
09 / *16* / *2009*

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Wier, Robert B.

Mailing Address
14500 N. Northsight Blvd # 329

City *Scottsdale* State *AZ* Zip Code *85260*

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

Name of Employer *Super Shuttle* Occupation *Transportation Exec.*

Receipt For:
 Primary General
 Other (specify) *▼*

Aggregate Year-to-Date *500.00*

Date of Receipt
09 / *16* / *2009*

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶ *1,700.00*

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

10030233759

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 9

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Baden, Wayne I

Mailing Address

26 Broadway FL 19

City

New York

State

NY

Zip Code

10004

Date of Receipt

10 / 08 / 2009

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

200.00

Name of Employer

BCAC

Occupation

Attorney

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Full Name (Last, First, Middle Initial)

B. Cotter, William

Mailing Address

5909 E. 38th Ave.

City

Denver

State

CO

Zip Code

80207

Date of Receipt

10 / 08 / 2009

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

500.00

Name of Employer

Metro Taxi

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

C. Gaddis, Michael R.

Mailing Address

P.O. Box 950

City

FT. Lauderdale

State

FL

Zip Code

33307

Date of Receipt

10 / 08 / 2009

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

500.00

Name of Employer

Yellow Cab

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

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

1200.00

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

1200.00

10030233760

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 **9**

(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)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
Hauch, Gene R.

Mailing Address
49582 N. Arrow Crest Way

City **Boise** State **ID** Zip Code **83703**

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

Name of Employer **Super Shuttle** Occupation **Transportation Exec.**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 08 / 2009**

Amount of Each Receipt this Period **500.00**

B. Full Name (Last, First, Middle Initial)
Joseph, Mark L

Mailing Address
2100 Huntington Ave

City **Baltimore** State **MD** Zip Code **21211**

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

Name of Employer **Veeva Transportation** Occupation **Transportation Exec**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **1,000.00**

Date of Receipt **10 / 08 / 2009**

Amount of Each Receipt this Period **1,000.00**

C. Full Name (Last, First, Middle Initial)
Spinelli, Michael

Mailing Address
P.O. Box 2477

City **Windermere** State **FL** Zip Code **34786**

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

Name of Employer **Yellow Cab** Occupation **Transportation Consultant**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 08 / 2009**

Amount of Each Receipt this Period **500.00**

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

2000.00

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

10050233761

**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 9
(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

A. Full Name (Last, First, Middle Initial)
Whittle, Bradley E.
 Mailing Address
7500 E. 41st Ave
 City **Denver** State **CO** Zip Code **80333**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Yellow Cab** Occupation **Transportation Exec.**
 Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **7,000.00**

Date of Receipt
10 / 28 / 2009
 Amount of Each Receipt this Period
2,000.00

B. Full Name (Last, First, Middle Initial)
Goedel, Alan J.
 Mailing Address
4299 Cranwood Pkwy.
 City **Cleveland** State **OH** Zip Code **44128**
 FEC ID number of contributing federal political committee. **C**
 Name of Employer **Provide A Ride** Occupation **Transportation Exec.**
 Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date **5,000.00**

Date of Receipt
12 / 31 / 2009
 Amount of Each Receipt this Period
500.00

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
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... **7,000.00**
 TOTAL This Period (last page this line number only)..... **1,360,000.00**

10030233762

**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 / OF /

<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. <u>Vitter for Senate</u>		Date of Disbursement
Mailing Address <u>912 F Street NW # 1106</u>		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
<u>Washington</u>	<u>DC</u>	<u>20004</u>
Purpose of Disbursement <u>contribution</u>		Amount of Each Disbursement this Period
Candidate Name <u>David Vitter</u>		<input type="text"/>
Office Sought:	Disbursement For:	Category/Type
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<u>011</u>
<input checked="" type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<u>1,000.00</u>
<input type="checkbox"/> President		
State: <u>LA</u>	District:	

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

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

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

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

<input type="text"/>
<input type="text"/>

10030233763

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed. Exp* Shipping Date
1/29/10
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

[Signature]
 PREPARER

2/1/10
 DATE PREPARED

10030233764