

**FEC
FORM 3X**

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

RECEIVED

2012 FEB -1 AM 10:18

Office Use Only

FEC MAIL CENTER

12FE4M5

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

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)
 - 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 / 2011 through 12 / 31 / 2011

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

[Handwritten Signature]

Date

01 / 31 / 2012

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
Rev. 12/2004

12030724779

**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 ' 2011 To: 12 ' 31 ' 2011

12030724780

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2011</u>		<u>8074961</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>9408361</u>	
(c) Total Receipts (from Line 19)	<u>1558200</u>	<u>3492200</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>10966561</u>	<u>11567161</u>
7. Total Disbursements (from Line 31).....	<u>700162</u>	<u>1300762</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>10266399</u>	<u>10266399</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<u>000</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<u>000</u>	

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 (Rev. 06/2004)

Page 3

Write or Type Committee Name

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: **07** ' **01** ' **2011** To: **12** ' **31** ' **2011**

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).....

9500.00

26940.00

(ii) Unitemized.....

6082.00

7982.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

15582.00

34922.00

(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).....▶

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 H9).....

(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)).....▶

15582.00

34922.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

15582.00

34922.00

12030724781

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)	7,001.62	13,007.62
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7,001.62	13,007.62
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)		

12030724783

**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 6
(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

Full Name (Last, First, Middle Initial)

A. **Arrighi, Thomas**

Mailing Address

1001 Bedford St.

City

Bridgewater

State

MA

Zip Code

02324

FEC ID number of contributing federal political committee.

C

Date of Receipt

08 / 08 / 2011

Amount of Each Receipt this Period

500.00

Name of Employer

Bill's Taxi

Occupation

Transportation Executive

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

B. **Compalongo, James D.**

Mailing Address

1825 Liverpool St.

City

Pittsburgh

State

PA

Zip Code

15233

FEC ID number of contributing federal political committee.

C

Date of Receipt

08 / 08 / 2011

Amount of Each Receipt this Period

500.00

Name of Employer

Pittsburgh Transportation

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

C. **Dipongoff, Victor**

Mailing Address

30 Wall Street, 10th Fl.

City

New York

State

NY

Zip Code

10005

FEC ID number of contributing federal political committee.

C

Date of Receipt

08 / 08 / 2011

Amount of Each Receipt this Period

500.00

Name of Employer

Black Car Ass't. Corp.

Occupation

Transportation Executive

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).....▶

500.00

12030724784

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

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

A. Full Name (Last, First, Middle Initial)
Gillespie, James R.

Mailing Address
1200 Mississippi St.

City State Zip Code
San Francisco CA 94107

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Yellow Cab Co-op Transportation Exec.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 08 / 2011

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Gradedel, Alan J.

Mailing Address
4299 Cranwood Pkwy

City State Zip Code
Cleveland OH 44128

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Provide A Ride Transportation Exec.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 08 / 2011

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Hewatt, Richard C

Mailing Address
563 Trabert Ave NW

City State Zip Code
Atlanta GA 30309

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
Chester Cab Transportation Exec.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
08 / 08 / 2011

Amount of Each Receipt this Period
500.00

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

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

12030724785

**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 6

<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 (to Full)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. **Leonas, Daniel**

Mailing Address

29 Swan St.

City

Lewiston

State

ME

Zip Code

04240

FEC ID number of contributing federal political committee.

C

Date of Receipt

08 / 08 / 2011

Amount of Each Receipt this Period

500.00

Name of Employer

City Cab Co.

Occupation

Transportation Exec.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Full Name (Last, First, Middle Initial)

B. **McBride, Robert**

Mailing Address

5909 E. 38th Ave.

City

Denver

State

CO

Zip Code

80207

FEC ID number of contributing federal political committee.

C

Date of Receipt

08 / 08 / 2011

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. **Rosayn, Brock**

Mailing Address

1730 S. Federal Hwy # 344

City

Delray Beach

State

FL

Zip Code

33483

FEC ID number of contributing federal political committee.

C

Date of Receipt

08 / 08 / 2011

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

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

1,500.00

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

500.00

12030724786

**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 6	
	<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. Rosenberg, Paul A.		Date of Receipt 08 / 08 / 2011
Mailing Address 3401 Winchester Ave		Amount of Each Receipt this Period 500.00
City Atlantic City	State Zip Code NJ 08401	
FEC ID number of contributing federal political committee. C		
Name of Employer Yellow Cab	Occupation Transportation Exec.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

Full Name (Last, First, Middle Initial) B. Rosenberg, Murray S		Date of Receipt 08 / 08 / 2011
Mailing Address 3401 Winchester Ave		Amount of Each Receipt this Period 500.00
City Atlantic City	State Zip Code NJ 08401	
FEC ID number of contributing federal political committee. C		
Name of Employer Yellow Cab	Occupation Transportation Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

Full Name (Last, First, Middle Initial) C. Smarcelli, Mary J.		Date of Receipt 08 / 08 / 2011
Mailing Address 424 W. Cherry St.		Amount of Each Receipt this Period 500.00
City Milwaukee	State Zip Code WI 53212	
FEC ID number of contributing federal political committee. C		
Name of Employer Transit Express	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).....	

12030724787

**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 6
 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)
 Worth, 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
 5,000.00

Date of Receipt
 08 08 2011
 Amount of Each Receipt this Period
 5,000.00

B. Full Name (Last, First, Middle Initial)
 Yuhake, William G.
 Mailing Address
 1524 Kenmore Ave.
 City State Zip Code
 Buffalo NY 14216
 FEC ID number of contributing federal political committee.
 C
 Name of Employer Occupation
 Liberty Cab Transportation Exec.
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date
 5,000.00

Date of Receipt
 08 08 2011
 Amount of Each Receipt this Period
 5,000.00

C. Full Name (Last, First, Middle Initial)
 Catter, William
 Mailing Address
 5909 E. 38th Ave
 City State Zip Code
 Denver CO 80207
 FEC ID number of contributing federal political committee.
 C
 Name of Employer Occupation
 Metro Taxi Transportation Exec.
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date
 5,000.00

Date of Receipt
 12 30 2011
 Amount of Each Receipt this Period
 5,000.00

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

15,000.00

12030724788

**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 6					
	<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

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

Full Name (Last, First, Middle Initial) A. Lepage, William		Date of Receipt 12 / 30 / 2011
Mailing Address 664 Front St.		Amount of Each Receipt this Period 1,000.00
City Woonsocket	State Zip Code RI 02895	
FEC ID number of contributing federal political committee. C		
Name of Employer Valley Transportation	Occupation Transportation Exec.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

Full Name (Last, First, Middle Initial) B. Rouse, Mitchell		Date of Receipt 12 / 30 / 2011
Mailing Address 2129 W. Rosecrans Ave.		Amount of Each Receipt this Period 500.00
City Gardena	State Zip Code CA 90249	
FEC ID number of contributing federal political committee. C		
Name of Employer United Checker Cab Co-Op	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) C. Rouse, William		Date of Receipt 12 / 30 / 2011
Mailing Address 2129 W. Rosecrans Ave.		Amount of Each Receipt this Period 500.00
City Gardena	State Zip Code CA 90249	
FEC ID number of contributing federal political committee. C		
Name of Employer L.A. Yellow Cab Co-Op	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).....	9,500.00
TOTAL This Period (last page this line number only).....	9,500.00

12030724789

**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"/> 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>Majority In Congress PAC</u>		Date of Disbursement
Mailing Address <u>20 F Street NW #500</u>		<input type="text" value="07"/> <input type="text" value="14"/> <input type="text" value="2011"/>
City <u>Washington</u>	State <u>DC</u>	Zip Code <u>20001</u>
Purpose of Disbursement <u>contribution</u>		Amount of Each Disbursement this Period
Candidate Name <u>John Mica</u>		<input type="text" value="2000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text" value="011"/>
State: <u>FL</u>	District: <u>7</u>	

B. <u>Richard Hanna for Congress</u>		Date of Disbursement
Mailing Address <u>4905 Del Ray Ave #401</u>		<input type="text" value="09"/> <input type="text" value="21"/> <input type="text" value="2011"/>
City <u>Bethesda</u>	State <u>MD</u>	Zip Code <u>20814</u>
Purpose of Disbursement <u>contribution</u>		Amount of Each Disbursement this Period
Candidate Name <u>Richard Hanna</u>		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type <input type="text" value="011"/>
State: <u>NY</u>	District: <u>24</u>	

C. <u>Zobiondo for Congress</u>		Date of Disbursement
Mailing Address <u>650 Myrtle Ave</u>		<input type="text" value="10"/> <input type="text" value="04"/> <input type="text" value="2011"/>
City <u>Thorofare</u>	State <u>NJ</u>	Zip Code <u>08086</u>
Purpose of Disbursement <u>contribution</u>		Amount of Each Disbursement this Period
Candidate Name <u>Frank Zobiondo</u>		<input type="text" value="1000.00"/>
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) ▼	Category/Type <input type="text" value="011"/>
State: <u>NJ</u>	District: <u>2</u>	

SUBTOTAL of Disbursements This Page (optional).....	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

12030724790

**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.

Senate Conservatives Fund PAC

Mailing Address

499 S. Capitol St. SW # 420

City

Washington

State

DC

Zip Code

20003

Purpose of Disbursement

contribution

Candidate Name

Jim DeMint

011
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: *SC*

District:

Date of Disbursement

11 / 16 / 2011

Amount of Each Disbursement this Period

2000.00

B.

Bill Shuster for Congress

Mailing Address

P.O. Box 29576

City

Washington

State

DC

Zip Code

20017

Purpose of Disbursement

contribution

Candidate Name

Bill Shuster

011
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: *PA*

District: *9*

Date of Disbursement

12 / 30 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

011
Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

00 / 00 / 000000

Amount of Each Disbursement this Period

0000.00

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

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

7000.00

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