

Amended to correct  
opening balance  
and to account  
for \$600 in <sup>contributions</sup> ~~deposits~~  
received in first  
quarter.

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
OPERATIONS CENTER

Use Only

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

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) 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

01 01 2002

through

03 31 2002

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 2002

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 3X (Revised 1/01)

Write or Type Committee Name

Taxicab, Limousine & Paratransit Association Political Action Committee

Report Covering the Period: From: **01**, **01**, **2002** To: **03**, **31**, **2002**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2002</b>		<b>43579.65</b>
(b) Cash on Hand at Beginning of Reporting Period	<b>43579.65</b>	
(c) Total Receipts (from Line 19)	<b>6000.00</b>	<b>6000.00</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<b>44179.65</b>	<b>44179.65</b>
7. Total Disbursements (from Line 20)	<b>5500.00</b>	<b>5500.00</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<b>38679.65</b>	<b>38679.65</b>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<b>0.00</b>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<b>0.00</b>	

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)

Write or Type Committee Name

Taxicab, Limousine & Paratransit Association Political Action Committee

Report Covering the Period: From: 01, 01, 2002 To: 03, 31, 2002

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) .....	6,000.00	
(ii) Unitemized .....		
(ii) TOTAL (add Lines 11(a)(i) and (ii)) .....	6,000.00	6,000.00
(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 32, page 4) .....	6,000.00	6,000.00
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) .....	6,000.00	6,000.00
20. Total Federal Receipts (subtract Line 16 from Line 19) .....	6,000.00	6,000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (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 .....	5,500.00	5,500.00
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) .....	55,000.00	55,000.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) .....	55,000.00	55,000.00
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6,000.00	6,000.00
33. Total Contribution Refunds (from Line 28(d)) .....		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	6,000.00	6,000.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....		
36. Offsets to Operating Expenditures (from Line 15, page 8) .....		
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 1
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 15	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<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. WATSON, SUSAN

Mailing Address

639 13th Street

City San Diego

State

CA

Zip Code

92101

FEC ID number of contributing federal political committee.

C

Name of Employer

YellowCab of San Diego

Occupation

President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 05 2002

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. ACIERNO, JOHN

Mailing Address

15 Adam Dr.

City Short Hills

State

NJ

Zip Code

07078

FEC ID number of contributing federal political committee.

C

Name of Employer

Executive Transportation Group

Occupation

President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

01 16 2002

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C.

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)

600.00

**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)

PAGE / 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				

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)

*Texas, Louisiana & Paratransit Association Political Action Comm.*

Full Name (Last, First, Middle Initial)

**A.**

*Tom De Zee*  
Mailing Address: *10707 Corporate Dr. #130*  
City: *Stafford TX* State: *TX* Zip Code: *77477*  
Purpose of Disbursement: *support re-election*  
Candidate Name: *Tom De Zee*  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)   
State: *TX* District: *22*

Date of Disbursement

*02* / *13* / *2002*

Amount of Each Disbursement this Period

*1,000.00*

*011*  
Category/Type

**B.**

*Allard for Senate*  
Mailing Address: *507 Capitol St, N.E. #100*  
City: *Washington DC* State: *DC* Zip Code: *20002*  
Purpose of Disbursement: *support re-election*  
Candidate Name: *Wayne Allard*  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)   
State: *CO* District:

Date of Disbursement

*02* / *13* / *2002*

Amount of Each Disbursement this Period

*1,000.00*

*011*  
Category/Type

**C.**

*Alaskans for Don Young*  
Mailing Address: *P.O. Box 100298*  
City: *Anchorage AK* State: *AK* Zip Code: *99510*  
Purpose of Disbursement: *support re-election*  
Candidate Name: *Don Young*  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)   
State: *AK* District:

Date of Disbursement

*03* / *06* / *2002*

Amount of Each Disbursement this Period

*2,000.00*

*011*  
Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

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

*4,000.00*

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"/> 29

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 being the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

*Tactical Litigators & Practitioner Association Political Action Comm.*

Full Name (Last, First, Middle Initial)

**A.**

*Citizens for Tom Petri*

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

City: *Chantilly* State: *VA* Zip Code: *20151*

Purpose of Disbursement: *support re-election*

Candidate Name: *Tom Petri*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: *WI* District: *6*

Date of Disbursement

*03* / *30* / *2002*

Amount of Each Disbursement this Period

*1,500.00*

*011*  
Category/  
Type

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/  
Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/  
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

*5,500.00*



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>10/15/02</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>EL</i> PREPARER	<i>10/15/02</i> DATE PREPARED