

Amended to correct
opening balances
and to adjust for
contributions amended
to earlier statement
(1st quarter report).

Kensington CopyTech
301-933-6206
e-mail - kcci@cartel.net

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEDERAL MAIL OPERATIONS CENTER

2002 01 25 10:53 AM

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. 12 FEB 4 2005 Taxicab, Limousine & Paratransit Association Political Action Committee

ADDRESS (number and street) 3849 Farragut Avenue Kensington MD 20895

2. FEC IDENTIFICATION NUMBER C 00132480 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. Election on: [] in the State of []. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on: [] in the State of [].

5. Covering Period 04 01 2002 through 06 30 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 [Signature] 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. 9437g.

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: **04** ' **01** ' **2002** To: **06** ' **30** ' **2002**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		43579.65
(b) Cash on Hand at Beginning of Reporting Period	38679.65	
(c) Total Receipts (from Line 19)	2600.00	3200.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	41279.65	46779.65
7. Total Disbursements (from Line 30)	3650.00	9150.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37629.65	37629.65
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:

04 01 2002

To:

06 30 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)	260000	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	260000	320000
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4)	260000	320000
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)	260000	320000
20. Total Federal Receipts (subtract Line 18 from Line 19)	260000	320000

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	3,650.00	9,150.00
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)	3,650.00	9,150.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	3,650.00	9,150.00

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(c), page 3)	3,600.00	3,200.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	3,600.00	3,200.00
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 3

(check only one)

11a 11b 11c 12 13 14 15 16 17

Any information copied from each Report and Statement 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 committees.

NAME OF COMMITTEE (in Full)

Taraboch, Giuseppe & Partronal Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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

06 19 2002

Amount of Each Receipt this Period

300.00

Name of Employer

TLPA

Occupation

EX. V.P.

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

300.00

Full Name (Last, First, Middle Initial)

B. Knous, William

Mailing Address

P.O. Box 201

City

Bethel Park

State

PA

Zip Code

15102

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 19 2002

Amount of Each Receipt this Period

300.00

Name of Employer

Colonial Transit

Occupation Transportation consultant

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

300.00

Full Name (Last, First, Middle Initial)

C. Mc Bride, Brian

Mailing Address

2069 W. Third Street

City

Cleveland

State

OH

Zip Code

44113

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 19 2002

Amount of Each Receipt this Period

600.00

Name of Employer

Yellow Cab of Cleveland

Occupation

Pres.

Receipt For:

Primary General Other (specify)

Aggregate Year-to-Date

600.00

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

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 3

(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. *Houston, Ellis*

Mailing Address

1223 Kingsbridge

City

Houston

State

TX

Zip Code

77073

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 19 2002

Amount of Each Receipt this Period

300.00

Name of Employer

Yellow Cab of Houston

Occupation

General Mgr.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Full Name (Last, First, Middle Initial)

B. *Rosenberg, Murray*

Mailing Address

242 Center Street

City

Tuckerton

State

NJ

Zip Code

08087

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 19 2002

Amount of Each Receipt this Period

300.00

Name of Employer

Yellow Cab

Occupation

Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Full Name (Last, First, Middle Initial)

C. *Swystun, Judith*

Mailing Address

2000 E. Ocean View Ave.

City

Norfolk

State

VA

Zip Code

23503

FEC ID number of contributing federal political committee.

C

Date of Receipt

06 19 2002

Amount of Each Receipt this Period

500.00

Name of Employer

Checker Cab

Occupation

Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

SUBTOTAL of Receipts This Page (optional)

1,100.00

TOTAL This Period (last page this line number only)

1,100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(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. CAMBAS, NICHOLAS

Mailing Address

2939 Elgin Way

City

Clearwater

State

FL

Zip Code

38759

FEC ID number of contributing federal political committee.

C

Name of Employer

Yellow Cab

Occupation

Pro

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 19 / 2002

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B.

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

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)

2600.00

**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	
<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<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)
Topical Limousine & Paratransit Association Political Action Committee

A.

Full Name (Last, First, Middle Initial): *Friends of Jim Oberstar*

Mailing Address: *P.O. Box 465*

City: *Duluth* State: *MN* Zip Code: *55802*

Purpose of Disbursement: *re-election fundraiser*

Candidate Name: *James Oberstar* Category/Type: *Q11*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *MN* District: *8*

Date of Disbursement: *04 24 2003*

Amount of Each Disbursement this Period: *1,000.00*

B.

Full Name (Last, First, Middle Initial): *Midnight Sun Political Action Committee*

Mailing Address: *203 Maryland Ave, N.E.*

City: *Washington, DC* State: *DC* Zip Code: *20002*

Purpose of Disbursement: *elect candidate Republican candidate*

Candidate Name: _____ Category/Type: *Q11*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *AK* District: _____

Date of Disbursement: *05 21 2003*

Amount of Each Disbursement this Period: *2,650.00*

C.

Full Name (Last, First, Middle Initial): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____ Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____



SUBTOTAL of Disbursements This Page (optional) *3,650.00*

TOTAL This Period (last page this line number only) *3,650.00*

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 12/15/02
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<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	
	PREPARER	 DATE PREPARED

20021215 10:00 AM FAXED TO 202 452 3300