

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 National Limousine Association Political Action Committee

ADDRESS (number and street) 49 South Maple Avenue Check if different than previously reported. (ACC) Marlton NJ 08053

2. FEC IDENTIFICATION NUMBER C00359380 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2015 through 06 30 2015

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 Kyle Hammerschmidt

Signature of Treasurer Kyle Hammerschmidt [Electronically Filed] Date 07 13 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Limousine Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="61115.07"/>	<input type="text" value="61115.07"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="65202.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3425.00"/>	<input type="text" value="7695.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="68627.98"/>	<input type="text" value="68810.07"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10093.60"/>	<input type="text" value="10275.69"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="58534.38"/>	<input type="text" value="58534.38"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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)

Write or Type Committee Name

National Limousine Association Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	2350.00	5600.00
(ii) Unitemized	1075.00	2095.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3425.00	7695.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3425.00	7695.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	3425.00	7695.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3425.00	7695.00

DETAILED SUMMARY PAGE
of Disbursements

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	93.60	275.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	93.60	275.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10093.60	10275.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10093.60	10275.69

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)	3425.00	7695.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3425.00	7695.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	93.60	275.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	93.60	275.69

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<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)
National Limousine Association Political Action Committee

A. Bob Beutel
Full Name (Last, First, Middle Initial)

Mailing Address 1848 Jason Circle

City Rochester Hills State MI Zip Code 48306

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

Name of Employer Allstar Transportation Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015

Transaction ID : SA11AI.5984

Amount of Each Receipt this Period
 300.00

B. Carla Boccio
Full Name (Last, First, Middle Initial)

Mailing Address 214 Ridgewood Drive

City Amherst State NY Zip Code 14226

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

Name of Employer Buffalo Limousine Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2015

Transaction ID : SA11AI.5980

Amount of Each Receipt this Period
 100.00

C. Carla Boccio
Full Name (Last, First, Middle Initial)

Mailing Address 214 Ridgewood Drive

City Amherst State NY Zip Code 14226

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

Name of Employer Buffalo Limousine Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2015

Transaction ID : SA11AI.5999

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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 7 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

A. Carla Boccio
Full Name (Last, First, Middle Initial)

Mailing Address 214 Ridgewood Drive

City Amherst	State NY	Zip Code 14226
-----------------	-------------	-------------------

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

Name of Employer Buffalo Limousine	Occupation Owner
---------------------------------------	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2015
Transaction ID : SA11AI.6018

Amount of Each Receipt this Period
100.00

B. Richard Kane
Full Name (Last, First, Middle Initial)

Mailing Address 9524 Purcell Drive

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer International Limousine Servic	Occupation Owner
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : SA11AI.5987

Amount of Each Receipt this Period
250.00

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

Mailing Address 9524 Purcell Drive

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer International Limousine Servic	Occupation Owner
--	---------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 12 / 2015
Transaction ID : SA11AI.6001

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 8 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Richard Kane

Mailing Address 9524 Purcell Drive

City Potomac State MD Zip Code 20854

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

Name of Employer International Limousine Servic Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2015

Transaction ID : SA11AI.6019

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Steve Qua

Mailing Address 4559 Lander Road

City Orange Village State OH Zip Code 44022

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

Name of Employer Company Car Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : SA11AI.5985

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Steve Qua

Mailing Address 4559 Lander Road

City Orange Village State OH Zip Code 44022

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

Name of Employer Company Car Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : SA11AI.6005

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **350.00**

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 9 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
National Limousine Association Political Action Committee

Full Name (Last, First, Middle Initial)
A. Steve Qua
 Mailing Address 4559 Lander Road
 City State Zip Code
 Orange Village OH 44022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Company Car Owner
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 29 / 2015
Transaction ID : SA11AI.6024
 Amount of Each Receipt this Period
 50.00

Full Name (Last, First, Middle Initial)
B. Dawson Rutter
 Mailing Address 250 Everett Street
 City State Zip Code
 Boston MA 02134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Commonwealth Worldwide President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : SA11AI.5977
 Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Dawson Rutter
 Mailing Address 250 Everett Street
 City State Zip Code
 Boston MA 02134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Commonwealth Worldwide President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 04 / 2015
Transaction ID : SA11AI.5995
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
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: (check only one)	PAGE 10 OF 13
<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)
National Limousine Association Political Action Committee

A. Dawson Rutter
Full Name (Last, First, Middle Initial)

Mailing Address 250 Everett Street

City Boston State MA Zip Code 02134

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

Name of Employer Commonwealth Worldwide Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 02 / 2015

Transaction ID : SA11AI.6014

Amount of Each Receipt this Period
250.00

B. Dave Shaw
Full Name (Last, First, Middle Initial)

Mailing Address 5995 W. Croyden Circle

City Crystal River State FL Zip Code 34429

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

Name of Employer NetworkLimousines Occupation Partner / General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2015

Transaction ID : SA11AI.6022

Amount of Each Receipt this Period
100.00

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
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	2350.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

National Limousine Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Citizens Bank

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement
Merchant Bank Card Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	5

Transaction ID : SB21B.5992

Amount of Each Disbursement this Period

3	6	.	2	7
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Citizens Bank

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement
Merchant Bankcard Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	5

Transaction ID : SB21B.6006

Amount of Each Disbursement this Period

3	9	.	8	3
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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

--	--	--	--	--

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

7	6	.	1	0
---	---	---	---	---

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

7	6	.	1	0
---	---	---	---	---

**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)

National Limousine Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SCHUMER

Mailing Address 509 MADISON AVE SUITE 1902

City NEW YORK State NY Zip Code 10022

Purpose of Disbursement

011

Candidate Name

CHARLES E SCHUMER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	02	/	2015

Transaction ID : SB23.6010

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement

011

Candidate Name

JOHN HARDY ISAKSON

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	07	/	2015

Transaction ID : SB23.5993

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MIDWEST VALUES PAC

Mailing Address P.O. BOX 583232

City MINNEAPOLIS State MN Zip Code 55458

Purpose of Disbursement

011

Candidate Name

AL FRANKEN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: MN District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	11	/	2015

Transaction ID : SB23.6011

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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**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)
National Limousine Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MORAN FOR KANSAS

Mailing Address PO BOX 1151

City HAYS State KS Zip Code 67601

Purpose of Disbursement

011

Candidate Name
JERRY MORAN

Category/
Type

Office Sought: House
 Senate
 President
State: KS District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 28 / 2015

Transaction ID : SB23.5994

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement

011

Candidate Name
PATTY MURRAY

Category/
Type

Office Sought: House
 Senate
 President
State: WA District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 09 / 2015

Transaction ID : SB23.6013

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

6000.00

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

10000.00