

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION
COMMISSION
MAIL ROOM

Oct 25 11 12 AM '94

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF CANDIDATE OR COMMITTEE

NAME OF CANDIDATE OR COMMITTEE

ADDRESS

CITY

STATE

ZIP

2. FEC IDENTIFICATION NUMBER

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____
- (b) Is this Report an Amendment? YES NO

| SUMMARY | | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|------------------------|-------------------------|-----------------------------------|
| 5. Covering Period | 7/1/94 through 9/30/94 | | |
| 6. (a) Cash on Hand January 1, 1994 | | | \$ 34,626.31 |
| (b) Cash on Hand at Beginning of Reporting Period | | \$ 30,126.31 | |
| (c) Total Receipts (from Line 10) | | \$ 3,300.00 | \$ 7,800.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B) | | \$ 33,426.31 | \$ 42,426.31 |
| 7. Total Disbursements (from Line 30) | | \$ 1,000.00 | \$ 10,000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | | \$ 32,426.31 | \$ 32,426.31 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | | \$ 0 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | | \$ 0 | |

For further information contact:
Federal Election Commission
998 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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: **10/20/94**

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

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**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

| NAME OF COMMITTEE <i>International Taxical and Training Association P.A.C.</i> | | REPORT COVERING PERIOD FROM <i>7/1/94</i> TO <i>9/30/94</i> | |
|---|--|--|---------------------------|
| | | COLUMN A Total This Period | COLUMN B Calendar Year |
| I. Receipts | | | |
| 11. | Contributions (other than loans) From: | | |
| a. | Individual/Persons Other Than Political Committees | | |
| i. | Itemized (use Schedule A) | <i>3,300</i> | <i>7,100</i> |
| ii. | Unitemized | <i>0</i> | <i>700</i> |
| iii. | Total (add i and ii) > | <i>3,300</i> | <i>7,800</i> |
| b. | Political Party Committees | | |
| c. | Other Political Committees (such as PACs) | | |
| d. | Total Contributions (add a ii, b and c) > | <i>3,300</i> | <i>7,800</i> |
| 12. | Transfers From Affiliated/Other Party Committees | | |
| 13. | All Loans Received | | |
| 14. | Loan Repayments Received | | |
| 15. | Offsets To Operating Expenditures (Refunds, Rebates, etc.) | | |
| 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 11d, 12, 13, 14, 15, 16, 17, and 18) > | <i>3,300</i> | <i>7,800</i> |
| 20. | Total Federal Receipts (subtract line 18 from line 19) > | <i>3,300</i> | <i>7,800</i> |
| II. Disbursements | | | |
| 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 a i, a ii, and b) > | | |
| 22. | Transfers to Affiliated/Other Party Committees | | |
| 23. | Contributions to Federal Candidates/Committees and Other Political Committees | <i>1,000</i> | <i>10,000</i> |
| 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 a, b and c) > | | |
| 29. | Other Disbursements | | |
| 30. | Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | <i>1,000</i> | <i>10,000</i> |
| 31. | Total Federal Disbursements (subtract line 21 a ii from line 30) > | <i>1,000</i> | <i>10,000</i> |
| III. Net Contributions/Operating Expenditures | | | |
| 32. | Total Contributions (other than loans)(from line 11d) | <i>3,300</i> | <i>7,800</i> |
| 33. | Total Contribution Refunds (from line 28d) | | |
| 34. | Net Contributions (other than loans)(subtract line 33 from 32) | | |
| 35. | Total Federal Operating Expenditures (add 21 a i and 21 b) > | | |
| 36. | Offsets to Operating Expenditures (from line 15) | | |
| 37. | Net Operating Expenditures (subtract line 36 from 35) > | | |

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

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)

International Truck and Tractor Association Political Action Committee

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|--|---|-------------------------|------------------------------------|
| Martin Ziller 1995 NE 142nd St N. Miami, FL 33181 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Metro Finoccine Occupation: <i>Mgt.</i> Aggregate Year-to-Date > \$ <i>300</i> | 8/4/94 | 300.00 |
| B. Full Name, Mailing Address and ZIP Code John Hamilton 143 Windsor Ave Bardonia, KY 40004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | United Transport Occupation: <i>Mgt.</i> Aggregate Year-to-Date > \$ <i>300</i> | 8/4/94 | 300.00 |
| C. Full Name, Mailing Address and ZIP Code Jeffrey Feldman 1730 S. Indiana Ave. Chicago, IL 60616 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Yellow Cab Occupation: <i>Pres</i> Aggregate Year-to-Date > \$ <i>300</i> | 8/4/94 | 300.00 |
| D. Full Name, Mailing Address and ZIP Code W. H. Smythe 581 S. 2nd St Memphis, TN 38126 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Checker Cab Occupation: <i>Mgt.</i> Aggregate Year-to-Date > \$ <i>300</i> | 8/4/94 | 300.00 |
| E. Full Name, Mailing Address and ZIP Code Kim McCarty 14 W. Willow St Chippewa Falls, WI 54729 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | City Cab Occupation: <i>Pres</i> Aggregate Year-to-Date > \$ <i>300</i> | 8/4/94 | 300.00 |
| F. Full Name, Mailing Address and ZIP Code Nicholas Cambas 2435 Edgemoor Way Clearwater, FL 34619 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Clearwater Cab Occupation: <i>Pres</i> Aggregate Year-to-Date > \$ <i>300</i> | 8/4/94 | 300.00 |
| G. Full Name, Mailing Address and ZIP Code Murray Rosenberg 1401 Aberdeen Blvd Atlantic City, NJ 08401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Yellow Cab Occupation: <i>Pres</i> Aggregate Year-to-Date > \$ <i>500</i> | 8/4/94 | 500.00 |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE OF
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

International Taxicab and Limousine Association Political Action Committee

| A. Full Name, Mailing Address and ZIP Code <i>Edward Steinberg</i> <i>1995 NE 142nd St</i> <i>N. Miami, FL 33181</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer <i>Eight's Taxi</i> Occupation <i>Pro</i> Aggregate Year-to-Date > \$ <i>500</i> | Date (month, day, year) <i>8/4/94</i> | Amount of Each Receipt This Period <i>6500.00</i> |
|---|---|---|---|
| B. Full Name, Mailing Address and ZIP Code <i>Sigmond Zilber</i> <i>1995 NE 142nd St</i> <i>N. Miami, FL 33181</i> Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer <i>Metro</i> <i>Lemovain</i> Occupation <i>CEO</i> Aggregate Year-to-Date > \$ <i>5</i> | Date (month, day, year) <i>8/4/94</i> | Amount of Each Receipt This Period <i>500.00</i> |
| C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt This Period |
| D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt This Period |
| E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt This Period |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt This Period |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt This Period |

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| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | |
| TOTAL This Period (last page this line number only) | <i>3,300.00</i> |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

International Taxicab and Limousine Association Political Action Committee

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| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|---|--|
| <i>The Pignone Committee</i> <i>21 E. 40th St, # 2104</i> <i>New York, NY 10016</i> | Purpose of Disbursement <i>Senate Campaign</i> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) <i>8/23/94</i> | Amount of Each Disbursement This Period <i>\$1,000⁰⁰</i> |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

1,000⁰⁰

**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

10-21-94

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

J.P.
 PREPARER

10-25-94
 DATE PREPARED

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