

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2020 JUL 16 AM 9:52
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2020 through 06 / 30 / 2020

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 07 / 14 / 2020

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

**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: 04 / 01 / 2020 To: 06 / 30 / 2020

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <u>2020</u> | | <u>116,231.49</u> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <u>116,231.49</u> | |
| (c) Total Receipts (from Line 19) | <u>0.00</u> | <u>0.00</u> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <u>116,231.49</u> | <u>116,231.49</u> |
| 7. Total Disbursements (from Line 31)..... | <u>9,000.00</u> | <u>9,000.00</u> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <u>107,231.49</u> | <u>107,231.49</u> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <u>0.00</u> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <u>0.00</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 Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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 | | |
| (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..... | 9,000.00 | 9,000.00 |
| 24. Independent Expenditures (use Schedule E) | | |
| 25. Coordinated Party Expenditures (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. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | | |
| (ii) "Levin" Share..... | | |
| (b) Federal Election Activity Paid Entirely With Federal Funds | | |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))..... | | |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 9,000.00 | 9,000.00 |
| 32. Total Federal Disbursements: (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 9,000.00 | 9,000.00 |

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) | 9,000.00 | 9,000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 9,000.00 | 9,000.00 |
| 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) | | |

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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) | | | | | | PAGE 1 OF 4 | | | | |
| | <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)
TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial): **Jason Crow for Congress**

Mailing Address: **5304 McKinley St.**

City: **Bethesda** State: **MD** Zip Code: **20814**

Purpose of Disbursement: **contribution**

Candidate Name: **Jason Crow** Category/Type: **011**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CO** District: **06**

Date of Disbursement: **06/16/2020**

Amount of Each Disbursement this Period: **500.00**

B.

Full Name (Last, First, Middle Initial): **Friends of Rosa DeLauro**

Mailing Address: **7014 Capitol View Dr.**

City: **McLean** State: **VA** Zip Code: **22101**

Purpose of Disbursement: **contribution**

Candidate Name: **Rosa DeLauro** Category/Type: **011**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CT** District: **03**

Date of Disbursement: **06/16/2020**

Amount of Each Disbursement this Period: **500.00**

C.

Full Name (Last, First, Middle Initial): **Tony Cardenas for Congress**

Mailing Address: **c/o Statthe Group, PO Box 15096**

City: **Washington** State: **DC** Zip Code: **20003**

Purpose of Disbursement: **contribution**

Candidate Name: **Tony Cardenas** Category/Type: **011**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **06/16/2020**

Amount of Each Disbursement this Period: **500.00**

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

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

**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.

Anna Eskoo for Congress
Mailing Address
P.O. Box 636

City *Annandale* State *VA* Zip Code *22003*

Purpose of Disbursement
contribution

Candidate Name
Anna Eskoo

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: *CA* District: *18*

Date of Disbursement
MM ' DD ' YYYY
06 ' *16* ' *2020*

Amount of Each Disbursement this Period
500.00

B.

De Fazio for Congress
Mailing Address
P.O. Box 42307

City *Portland* State *OR* Zip Code *97242*

Purpose of Disbursement
contribution

Candidate Name
Peter DeFazio

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: *OR* District: *04*

Date of Disbursement
MM ' DD ' YYYY
06 ' *16* ' *2020*

Amount of Each Disbursement this Period
1,000.00

C.

Kevin Hern for Congress
Mailing Address
5827 Colfax Ave.

City *Alexandria* State *VA* Zip Code *22311*

Purpose of Disbursement
contribution

Candidate Name
Kevin Hern

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: *OK* District: *01*

Date of Disbursement
MM ' DD ' YYYY
06 ' *16* ' *2020*

Amount of Each Disbursement this Period
1,000.00

SUBTOTAL of Disbursements This Page (optional).....▶ *2,500.00*

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

**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 4 OF 4 | | | | |
| | <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 |

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

A. *Re-Elect Nydia Velazquez*

Full Name (Last, First, Middle Initial): *Nydia Velazquez*

Date of Disbursement: *06/16/2020*

Mailing Address: *315 Inspiration Lane*

City: *Gaithersburg* State: *MD* Zip Code: *20878*

Purpose of Disbursement: *contribution*

Candidate Name: *Nydia Velazquez* Category/Type: *011*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State: *NY* District: *07*

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

B. *Friends of John Thune*

Full Name (Last, First, Middle Initial): *John Thune*

Date of Disbursement: *06/16/2020*

Mailing Address: *c/o Paula Dukes - 18 Hampton Hills Lane*

City: *Richmond* State: *VA* Zip Code: *23226*

Purpose of Disbursement: *contribution*

Candidate Name: *John Thune* Category/Type: *011*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State: *SD* District:

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

C. *Marco Rubio for Senate*

Full Name (Last, First, Middle Initial): *Marco Rubio*

Date of Disbursement: *06/16/2020*

Mailing Address: *228 S. Washington St. #115*

City: *Alexandria* State: *VA* Zip Code: *22304*

Purpose of Disbursement: *contribution*

Candidate Name: *Marco Rubio* Category/Type: *011*

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) *▼*

State: *FL* District:

Amount of Each Disbursement this Period: *1,500.00*

SUBTOTAL of Disbursements This Page (optional)..... *3,500.00*

TOTAL This Period (last page this line number only)..... *9,000.00*

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|--|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i> | Shipping Date <i>7/14/20</i> |
| | Next Business Day Delivery <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
| <i>SPM</i> | <i>7/17/20</i> |
| PREPARER | DATE PREPARED |

(3/2015)

FORM 7500-10-17-2019