



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2012"/>	<input type="text" value="35952.31"/>	<input type="text" value="35952.31"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="40239.16"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6900.00"/>	<input type="text" value="13950.00"/>
(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="47139.16"/>	<input type="text" value="49902.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1231.88"/>	<input type="text" value="3995.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45907.28"/>	<input type="text" value="45907.28"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

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).....	5825.00	10825.00
(ii) Unitemized .....	1075.00	3125.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6900.00	13950.00
(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) .....	6900.00	13950.00
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))..... ▶	6900.00	13950.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6900.00	13950.00

**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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	231.88	495.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	231.88	495.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	3500.00
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)) ..	1231.88	3995.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1231.88	3995.03

**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) .....	6900.00	13950.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6900.00	13950.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	231.88	495.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	231.88	495.03

**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 19  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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**

Full Name (Last, First, Middle Initial)  
**A. Ahmed Atris**

Mailing Address 42897 Vestals Gap Drive

City Ashburn State VA Zip Code 20148

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

Name of Employer US Sedan Service, Inc. Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2012  
**Transaction ID : SA11AI.4954**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Ahmed Atris**

Mailing Address 42897 Vestals Gap Drive

City Ashburn State VA Zip Code 20148

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

Name of Employer US Sedan Service, Inc. Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 03 / 2012  
**Transaction ID : SA11AI.4980**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. Ahmed Atris**

Mailing Address 42897 Vestals Gap Drive

City Ashburn State VA Zip Code 20148

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

Name of Employer US Sedan Service, Inc. Occupation President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2012  
**Transaction ID : SA11AI.4999**

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

**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 7 OF 19
<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. Jon Epstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Greenfield Hill

City Sparta	State NJ	Zip Code 07871
----------------	-------------	-------------------

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

Name of Employer Royal Coachman Worldwide	Occupation President
--	-------------------------

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
04	/	09	/	2012

**Transaction ID : SA11AI.4959**

Amount of Each Receipt this Period  

100.00
--------

**B. Jon Epstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Greenfield Hill

City Sparta	State NJ	Zip Code 07871
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FEC ID number of contributing federal political committee. **C**

Name of Employer Royal Coachman Worldwide	Occupation President
--	-------------------------

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	/	08	/	2012

**Transaction ID : SA11AI.4986**

Amount of Each Receipt this Period  

100.00
--------

**C. Jon Epstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 Greenfield Hill

City Sparta	State NJ	Zip Code 07871
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FEC ID number of contributing federal political committee. **C**

Name of Employer Royal Coachman Worldwide	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2012

**Transaction ID : SA11AI.5005**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> 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 19  
(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**

**A. Diane Forgy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10515 Ensley Lane  
 City Leawood State KS Zip Code 66206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Overland Limousine Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt 04 / 10 / 2012  
**Transaction ID : SA11AI.4967**  
 Amount of Each Receipt this Period 250.00

**B. Diane Forgy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10515 Ensley Lane  
 City Leawood State KS Zip Code 66206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Overland Limousine Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00  
 Date of Receipt 05 / 09 / 2012  
**Transaction ID : SA11AI.4992**  
 Amount of Each Receipt this Period 250.00

**C. Diane Forgy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10515 Ensley Lane  
 City Leawood State KS Zip Code 66206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Overland Limousine Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt 06 / 11 / 2012  
**Transaction ID : SA11AI.5011**  
 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 19
<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**

Full Name (Last, First, Middle Initial) <b>A. Mary Harrell-Paul</b>		Date of Receipt
Mailing Address 2440 South Wolf		<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2012"/>
City State Zip Code Des Plaines IL 60018		<b>Transaction ID : SA11AI.4982</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Crown Cars & Limousines	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mary Harrell-Paul</b>		Date of Receipt
Mailing Address 2440 South Wolf		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2012"/>
City State Zip Code Des Plaines IL 60018		<b>Transaction ID : SA11AI.5001</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Crown Cars & Limousines	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Chris Hundley</b>		Date of Receipt
Mailing Address 5118 Vinelind Avenue		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City State Zip Code No. Hollywood CA 91601		<b>Transaction ID : SA11AI.4963</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer The Limousine Collection	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 11 OF 19
(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	

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

Full Name (Last, First, Middle Initial)  
**A. Chris Hundley**

Mailing Address 5118 Vinelind Avenue

City	State	Zip Code
No. Hollywood	CA	91601

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

Name of Employer	Occupation
The Limousine Collection	President

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  
**05 / 08 / 2012**

**Transaction ID : SA11AI.4990**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**B. George Jacobs**

Mailing Address 629 Woodside Ave

City	State	Zip Code
Hinsdale	IL	60521

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

Name of Employer	Occupation
Windy City Limousine & Bus Co.	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  
**04 / 09 / 2012**

**Transaction ID : SA11AI.4961**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. George Jacobs**

Mailing Address 629 Woodside Ave

City	State	Zip Code
Hinsdale	IL	60521

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

Name of Employer	Occupation
Windy City Limousine & Bus Co.	Owner

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 / 08 / 2012**

**Transaction ID : SA11AI.4988**

Amount of Each Receipt this Period  
**100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> 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 12 OF 19
<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**

Full Name (Last, First, Middle Initial) <b>A. George Jacobs</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2012 <b>Transaction ID : SA11AI.5007</b>
Mailing Address 629 Woodside Ave		Amount of Each Receipt this Period 100.00
City Hinsdale	State IL	Zip Code 60521
FEC ID number of contributing federal political committee.	C	
Name of Employer Windy City Limousine & Bus Co.	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Kane</b>		Date of Receipt MM / DD / YYYY 04 / 27 / 2012 <b>Transaction ID : SA11AI.4973</b>
Mailing Address 9524 Purcell Drive		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Kane</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2012 <b>Transaction ID : SA11AI.4996</b>
Mailing Address 9524 Purcell Drive		Amount of Each Receipt this Period 250.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> 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 13 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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**

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

Mailing Address 9524 Purcell Drive

City Potomac	State MD	Zip Code 20854
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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 ▼  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2012  
**Transaction ID : SA11AI.5015**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Greg Pruitt**

Mailing Address 1403 N. Purdue Avenue

City Oklahoma City	State OK	Zip Code 73127
-----------------------	-------------	-------------------

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

Name of Employer Kings Worldwide Transportation	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 17 / 2012  
**Transaction ID : SA11AI.4970**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. Greg Pruitt**

Mailing Address 1403 N. Purdue Avenue

City Oklahoma City	State OK	Zip Code 73127
-----------------------	-------------	-------------------

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

Name of Employer Kings Worldwide Transportation	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2012  
**Transaction ID : SA11AI.4994**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 14 OF 19
<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**

Full Name (Last, First, Middle Initial)  
**A. Greg Pruitt**

Mailing Address 1403 N. Purdue Avenue

City State Zip Code  
Oklahoma City OK 73127

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

Name of Employer Occupation  
Kings Worldwide Transportation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
06 / 11 / 2012  
**Transaction ID : SA11AI.5012**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 280 Beacon Street #24

City State Zip Code  
Boston MA 02116

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

Name of Employer Occupation  
Commonwealth Worldwide Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
04 / 10 / 2012  
**Transaction ID : SA11AI.4962**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 280 Beacon Street #24

City State Zip Code  
Boston MA 02116

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

Name of Employer Occupation  
Commonwealth Worldwide Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  
05 / 08 / 2012  
**Transaction ID : SA11AI.4989**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	825.00
<b>TOTAL</b> 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 15 OF 19
<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**

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

Mailing Address **280 Beacon Street #24**

City <b>Boston</b>	State <b>MA</b>	Zip Code <b>02116</b>
-----------------------	--------------------	--------------------------

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

Name of Employer <b>Commonwealth Worldwide</b>	Occupation <b>Owner</b>
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : SA11AI.5008**

Amount of Each Receipt this Period  

400.00
--------

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

Mailing Address **6183 South Westview Drive**

City <b>Homosassa</b>	State <b>FL</b>	Zip Code <b>34448</b>
--------------------------	--------------------	--------------------------

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

Name of Employer <b>Olympus Limousine</b>	Occupation <b>Operations Manager</b>
--	---

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
05	/	03	/	2012

**Transaction ID : SA11AI.4981**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address **6183 South Westview Drive**

City <b>Homosassa</b>	State <b>FL</b>	Zip Code <b>34448</b>
--------------------------	--------------------	--------------------------

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

Name of Employer <b>Olympus Limousine</b>	Occupation <b>Operations Manager</b>
--	---

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
06	/	05	/	2012

**Transaction ID : SA11AI.5000**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> 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 16 OF 19
<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. Scott Solombrino**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Second Street

City Chelsea	State MA	Zip Code 02150
-----------------	-------------	-------------------

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

Name of Employer Dav El Boston Inc.	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2012

**Transaction ID : SA11AI.4971**

Amount of Each Receipt this Period  
250.00

**B. Scott Solombrino**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Second Street

City Chelsea	State MA	Zip Code 02150
-----------------	-------------	-------------------

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

Name of Employer Dav El Boston Inc.	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2012

**Transaction ID : SA11AI.4995**

Amount of Each Receipt this Period  
250.00

**C. Scott Solombrino**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Second Street

City Chelsea	State MA	Zip Code 02150
-----------------	-------------	-------------------

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

Name of Employer Dav El Boston Inc.	Occupation Owner
--	---------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2012

**Transaction ID : SA11AI.5014**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> 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 17 OF 19  
(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**

**A. Shane Stickel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8295 E. 28th Avenue  
 City State Zip Code  
 Denver CO 80238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Presidential Worldwide Transpo Owner  
 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  
 05 / 09 / 2012  
**Transaction ID : SA11AI.4991**  
 Amount of Each Receipt this Period  
 50.00

**B. Shane Stickel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8295 E. 28th Avenue  
 City State Zip Code  
 Denver CO 80238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Presidential Worldwide Transpo Owner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012  
**Transaction ID : SA11AI.5010**  
 Amount of Each Receipt this Period  
 50.00

**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 / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5825.00

**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 Bnkcd Fee

001

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
0	4		0	3		2	0	1	2

**Transaction ID : SB21B.4978**

Amount of Each Disbursement this Period

9	5	.	0	4
---	---	---	---	---

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 Bankcd Fee

001

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
0	5		0	3		2	0	1	2

**Transaction ID : SB21B.4979**

Amount of Each Disbursement this Period

7	6	.	0	8
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Citizens Bank**

Mailing Address 791 E. Route 70

City Marlton State NJ Zip Code 08053

Purpose of Disbursement  
Bank Fee

001

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
0	6		0	5		2	0	1	2

**Transaction ID : SB21B.4997**

Amount of Each Disbursement this Period

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

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

2	3	.	1	8	8
---	---	---	---	---	---

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

2	3	.	1	8	8
---	---	---	---	---	---

**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. ROGERS, HAROLD DALLAS**

Mailing Address 309 COLLEGE ST

City SOMERSET State KY Zip Code 42501

Purpose of Disbursement  
Political Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KY District: 05

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 27 / 2012

Transaction ID : SB23.5020

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

1000.00

1000.00