

**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: 01 / 01 / 2015 To: 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		8351149
(b) Cash on Hand at Beginning of Reporting Period.....	8351149	
(c) Total Receipts (from Line 19).....	560000	560000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	8911149	8911149
7. Total Disbursements (from Line 31).....	900000	900000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8011149	8011149
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	

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)

Page 3

Write or Type Committee Name

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

01 ' 01 ' 2015

To:

06 ' 30 ' 2015

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).....

5500.00

5500.00

(ii) Unitemized.....

100.00

100.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

5600.00

5600.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

5600.00

5600.00

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 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

000

000

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

5600.00

5600.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

5600.00

5600.00

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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		
(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

NON-FEDERAL INFORMATION

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)	9000.00	900000
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9000.00	900000
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)		

NON-CONFIDENTIAL

**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)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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) Reed, David R		Date of Receipt 05 / 22 / 2015
Mailing Address 2050 Commerce		Amount of Each Receipt this Period 500.00
City Ann Arbor	State Zip Code MI 48103	
FEC ID number of contributing federal political committee. C		
Name of Employer Select Ride	Occupation Transportation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Werth, Robert		Date of Receipt 05 / 22 / 2015
Mailing Address 7311 B Highland St.		Amount of Each Receipt this Period 2000.00
City Springfield	State Zip Code VA 22150	
FEC ID number of contributing federal political committee. C		
Name of Employer Diamond Transportation	Occupation Transportation Exec.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) Fogarty, Michael J.		Date of Receipt 06 / 10 / 2015
Mailing Address 100 Cummings Center # 225-G		Amount of Each Receipt this Period 1000.00
City Beverly	State Zip Code MA 01915	
FEC ID number of contributing federal political committee. C		
Name of Employer Tristar Services U.S.	Occupation Transportation Exec.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

20150522 10:00 AM

**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 **3** OF **3**

<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)

TAXICAB, LIMOUSINE & PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) <i>Smythson, Judith</i>			Date of Receipt 06 / 30 / 2015		
Mailing Address <i>6304 Sewells Point Rd</i>					
City <i>Norfolk</i>	State <i>VA</i>	Zip Code <i>23513</i>	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C					
Name of Employer <i>Black & White Cabs</i>		Occupation <i>Transportation Executive</i>			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

B. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

C. Full Name (Last, First, Middle Initial)			Date of Receipt		
Mailing Address					
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. C					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	550.00

20150701 10:00 AM

**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 2
	<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

A.

Full Name (Last, First, Middle Initial): **Bill PAC**

Mailing Address: **5927 Colfax Ave.**

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

Purpose of Disbursement: **contribution**

Candidate Name: **Bill Shuster**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **PA** District: **09**

Date of Disbursement: **03/03/2015**

Amount of Each Disbursement this Period: **5,000.00**

Category/Type: **011**

B.

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

Mailing Address: **499 S. Capital St. NW #420**

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

Purpose of Disbursement: **contribution**

Candidate Name: **Barbara Comstock**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **VA** District: **10**

Date of Disbursement: **04/06/2015**

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

Category/Type: **011**

C.

Full Name (Last, First, Middle Initial): **Project West PAC**

Mailing Address: **9227 East Lincoln Ave**

City: **Lone Tree** State: **CO** Zip Code: **80124**

Purpose of Disbursement: **contribution**

Candidate Name: **Cory Gardner**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **CO** District:

Date of Disbursement: **06/09/2015**

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

Category/Type: **011**

SUBTOTAL of Disbursements This Page (optional).....▶ **7,000.00**

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

NON-FINANCIAL INFORMATION

**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 2 OF 2

<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.

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

Mailing Address: *3701 Porter St. NW*

City: *Washington* State: *DC* Zip Code: *20016*

Purpose of Disbursement: *contribution*

Candidate Name: _____ Category/Type: **011**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *OR* District: *04*

Date of Disbursement: **06 / 18 / 2015**

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

B.

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

Mailing Address: *P.O. Box 2646*

City: *Knoxville* State: *TN* Zip Code: *37901*

Purpose of Disbursement: *contribution*

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

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *TN* District: *02*

Date of Disbursement: **06 / 19 / 2015**

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

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)..... **2,000.00**

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

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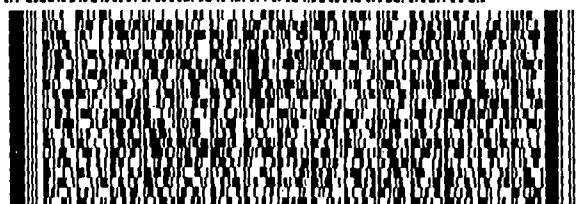
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WASHINGTON DC 20463

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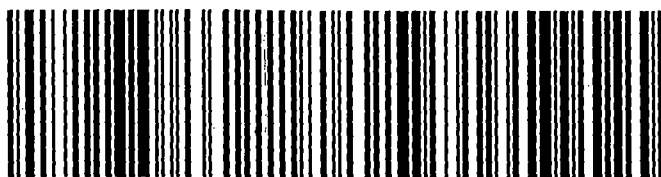
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