

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 Marlon NJ 08053 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, 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 Election on 11/08/2016

5. Covering Period 10/20/2016 through 11/28/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Hammerschmidt, Kyle, , , Type or Print Name of Treasurer

Signature of Treasurer Hammerschmidt, Kyle, , , [Electronically Filed] Date 12/07/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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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="2016"/>		61422.63
(b) Cash on Hand at Beginning of Reporting Period.....	52682.29	
(c) Total Receipts (from Line 19) .....	725.00	11825.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53407.29	73247.63
7. Total Disbursements (from Line 31).....	5059.54	24899.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	48347.75	48347.75
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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).....	725.00	8925.00
(ii) Unitemized .....	0.00	2900.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	725.00	11825.00
(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) .....	725.00	11825.00
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)).....▶	725.00	11825.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	725.00	11825.00

**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 .....	59.54	1499.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	59.54	1499.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	23400.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	5059.54	24899.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5059.54	24899.88

**DETAILED SUMMARY PAGE**  
of Disbursements

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	725.00	11825.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	725.00	11825.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	59.54	1499.88
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	59.54	1499.88

**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 6 OF 10
<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

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. Amato, Sam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1550 Gilbreth Rd  
 City Burlingame State CA Zip Code 94010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gateway Global Occupation (for Individual) Founder  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 14 / 2016  
**Transaction ID : SA11AI.6305**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Boccio, Carla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 214 Ridgewood Drive  
 City Amherst State NY Zip Code 14226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Buffalo Limousine Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2016  
**Transaction ID : SA11AI.6303**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Canady, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1547 Dutchman Circle  
 City Iron Station State NC Zip Code 28080  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CLT Express Livery Occupation (for Individual) Co-Owner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 11 / 08 / 2016  
**Transaction ID : SA11AI.6300**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<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 7 OF 10
<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. Epstein, Jon, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Royal Coachman Worldwide	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	14	/	2016

**Transaction ID : SA11AI.6304**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Fieldhouse, Carey, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8201 Harrods View Court

City Prospect	State KY	Zip Code 40059
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) R&R Limousine	Occupation (for Individual) President
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	08	/	2016

**Transaction ID : SA11AI.6302**

Amount of Each Receipt this Period  
100.00

Memo Item

**C. Forgy, Diane, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10515 Ensley Lane

City Leawood	State KS	Zip Code 66206
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Overland Limousine	Occupation (for Individual) Owner
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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
11	/	07	/	2016

**Transaction ID : SA11AI.6298**

Amount of Each Receipt this Period  
100.00

Memo Item

<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 8 OF 10
<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. Kaplan, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11091 E. Winchcomb  
 City Scottsdale State AZ Zip Code 85255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Driver Provider Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 11 / 07 / 2016  
**Transaction ID : SA11AI.6299**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Nisberg, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Wabuda Place  
 City Shelton State CT Zip Code 06484  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) On Time Transport Inc. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 15 / 2016  
**Transaction ID : SA11AI.6306**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Schwartz, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2714 Ellen Road  
 City Bellmore State NY Zip Code 11710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Executive Limousine Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 03 / 2016  
**Transaction ID : SA11AI.6297**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	175.00
<b>TOTAL</b> This Period (last page this line number only).....	725.00



**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"/> 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 Bankcard Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2016			

FEC Identification Number

C

Transaction ID : SB21B.6310

Amount of Each Disbursement this Period

29.77
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Memo Item

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

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2016			

FEC Identification Number

C

Transaction ID : SB21B.6308

Amount of Each Disbursement this Period

29.77
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Memo Item

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

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

59.54
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**TOTAL** This Period (last page this line number only)..... ▶

59.54
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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"/> 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 KELLY AYOTTE INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2016

Mailing Address PO BOX 937

FEC Identification Number

C	C00464297
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City MANCHESTER	State NH	Zip Code 03105
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**Transaction ID : SB23.6295**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00
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Candidate Name

Office Sought:	<input type="checkbox"/> House	Disbursement For: 2016
	<input checked="" type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State: NH	District: 00	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ROY BLUNT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2016

Mailing Address PO BOX 410444

FEC Identification Number

C	C00304758
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City KANSAS CITY	State MO	Zip Code 64141
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**Transaction ID : SB23.6296**

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

Office Sought:	<input type="checkbox"/> House	Disbursement For: 2016
	<input checked="" type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State: MO	District: 00	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
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City	State	Zip Code
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Amount of Each Disbursement this Period

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Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:	<input type="checkbox"/> House	Disbursement For:
	<input type="checkbox"/> Senate	
	<input type="checkbox"/> President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼

Memo Item

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

5000.00
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**TOTAL** This Period (last page this line number only).....▶

5000.00
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