

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
REG MAIL
OPERATIONS CENTER

JUL 09 10 57

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Taxicab, Limousine & Paratransit Association Political Action Committee

ADDRESS (number and street)

3849 Farragut Avenue

Check if different than previously reported. (ACL)

Kensington

M.D

20895

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C 00132480

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:

Feb 20 (M2)

Mar 20 (M3)

Apr 20 (M4)

May 20 (M5)

Jun 20 (M6)

Jul 20 (M7)

Aug 20 (M8)

Sep 20 (M9)

Oct 20 (M10)

Nov 20 (M11) (Non-Election Year Only)

Dec 20 (M12) (Non-Election Year Only)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12F)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

Election on

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

In the State of

5. Covering Period

07 01 2002

through

09 30 2002

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 19 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

Office Use Only

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

Taxicab, Limousine & Paratransit Association Political Action Committee

Report Covering the Period: From: **07**, **01**, **2002** To: **09**, **30**, **2002**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		4357965
(b) Cash on Hand at Beginning of Reporting Period	3762965	
(c) Total Receipts (from Line 19)	835000	1155000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4597965	5512965
7. Total Disbursements (from Line 30)	900000	1815000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3697965	3697965
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 (Revised 1/01)

Write or Type Committee Name

Taxicab, Limousine & Paratransit Association Political Action Committee

Report Covering the Period: From: 07 01 2002 To: 09 30 2002

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)	8,350.00	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8,350.00	11,550.00
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4)	8,350.00	11,550.00
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 36, page 4)		
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 Lines 11(a), 12, 13, 14, 15, 16, 17, and 18)	8,350.00	11,550.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	8,350.00	11,550.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committee		
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,000.00	18,150.00
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 Lines 28(a), (b), and (c))		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	9,000.00	18,150.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	9,000.00	18,150.00

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	83,500.00	11,550.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	83,500.00	11,550.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))		
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

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 2
(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 committees.

NAME OF COMMITTEE (in Full)

Taxicab, Limousine & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. HEWITT, RICHARD C.

Mailing Address

14480 18th Fairway

City Alpharetta

State

GA

Zip Code

30004

FEC ID number of contributing federal political committee.

C

Name of Employer

Atlanta Checker Cab

Occupation

Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

30000

Date of Receipt

07 09 2002

Amount of Each Receipt this Period

30000

Full Name (Last, First, Middle Initial)

B. Mc BRIDE, ROBERT

Mailing Address

35 Brooklyn Rd

City Hempstead

State

NY

Zip Code

11550

FEC ID number of contributing federal political committee.

C

Name of Employer

All Island Taxi

Occupation

Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

50000

Date of Receipt

07 09 2002

Amount of Each Receipt this Period

50000

Full Name (Last, First, Middle Initial)

C. NICHOLS, DEAN

Mailing Address

3251 N. Washington Blvd.

City Arlington

State

VA

Zip Code

22201

FEC ID number of contributing federal political committee.

C

Name of Employer

Red Top Cab

Occupation

Vice Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

50000

Date of Receipt

07 09 2002

Amount of Each Receipt this Period

50000

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

130000

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 2 OF 8

<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

Full Name (Last, First, Middle Initial)

A. PALMERI, Anthony M.

Mailing Address

1833 Altogano Dr

City

El Cajon

State

CA

Zip Code

92020

FEC ID number of contributing federal political committee.

C

Name of Employer

L.A. Taxi Co-Op

Occupation

Vice Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 09 / 2002

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. House, Mitchell

Mailing Address

2129 W. Rosecrans Ave.

City

Gardena

State

CA

Zip Code

90249

FEC ID number of contributing federal political committee.

C

Name of Employer

L.A. Taxi Corp

Occupation

Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 09 / 2002

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Spacy, Robert A.

Mailing Address

8660 Chickamauc Farms Lane

City

Orlando

State

FL

Zip Code

32825

FEC ID number of contributing federal political committee.

C

Name of Employer

City Cab

Occupation

General Mgr.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 09 / 2002

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

1800.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 3 OF 8
(check only one)
 11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (in Full)
Taxicab, Limousine & Paratransit Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Shagle, Larry E.

Mailing Address
1391 Corona Ave.

City *North* State *CA* Zip Code *92860*

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

Name of Employer: *Taxi Cab AOC* Occupation: *Pres.*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 09 2002

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Nichols, Neal C.

Mailing Address
3251 Washington Blvd.

City *Abingdon* State *VA* Zip Code *22801*

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

Name of Employer: *Transportation General Inc.* Occupation: *Pres.*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
07 09 2002

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ugarte, Evelyn

Mailing Address
26737 Longwood Cir

City *Mundelein* State *IL* Zip Code *60060*

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

Name of Employer: *Blue Cab* Occupation: *Pres.*

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 14 2002

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) *1,100.00*

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: PAGE 7 OF 8
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (in full)

Taxicab, Limousine & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adams, Glenn A.

Mailing Address

5509 W. Holt Ave.

City

Milwaukee, WI

State Zip Code

53219

FEC ID number of contributing federal political committee

C

Name of Employer

American United Taxicab

Occupation

Pres

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 19 2002

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Watson, Steve

Mailing Address

1105 NE MOSS Point Rd.

City

Lee's Summit

State Zip Code

MO 64064

FEC ID number of contributing federal political committee

C

Name of Employer

Checker Transportation

Occupation

Vice Pres

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 19 2002

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Wiat, R. Brian

Mailing Address

6419 E. Gold Dust Ave.

City

Scottsdale

State Zip Code

AZ 85253

FEC ID number of contributing federal political committee

C

Name of Employer

Super Shuttle Int'l

Occupation

Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 19 2002

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

900.00

**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)

<input checked="" type="checkbox"/> 1a	<input type="checkbox"/> 11a	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

Taxicab, Limousine & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hausch, Gene

Mailing Address

4119 Calle De Premiera

City

Torrance

State

CA

Zip Code

90505

FEC ID number of contributing federal political committee

C

Name of Employer

Exp Shuttle L.A.

Occupation

Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 19 / 2002

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Smarelli, Mary J.

Mailing Address

1707 N. Prospect Ave #16A

City

Milwaukee

State

WI

Zip Code

53202

FEC ID number of contributing federal political committee

C

Name of Employer

Transit Express

Occupation

Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 31 / 2002

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. LAGASSE, ALFRED B.

Mailing Address

3849 FARRAGUT AVE

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing federal political committee

C

Name of Employer

TAXICAB, LIMO & Paratransit ASSN.

Occupation

EX. V.P.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 31 / 2002

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

1100.00

**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 8
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Taxicab, Limousine & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Leonas, Daniel J.

Date of Receipt

09 / 09 / 2002

Mailing Address

762 Fougine Rd.

City Poland,

State Zip Code

ME 04274

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

300.00

Name of Employer

City Cab

Occupation

Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Full Name (Last, First, Middle Initial)

B. Carrozza, Joseph A.

Date of Receipt

09 / 09 / 2002

Mailing Address

66 Wadsworth Ave.

City Staten Island

State Zip Code

NY 10305

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

150.00

Name of Employer

A. Elegant South Limousine

Occupation

Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Full Name (Last, First, Middle Initial)

C. Smythe, William H III

Date of Receipt

09 / 30 / 2002

Mailing Address

P.O. Box 400

City Memphis

State Zip Code

TN 38101

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

300.00

Name of Employer

Checker Cab

Occupation

Vice Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

750.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE 7 OF 8				
(check only one)						
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>
<input type="checkbox"/>	16	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NAME OF COMMITTEE (in Full)
Taxicab, Limousine & Paratransit Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Honest, John M.

Mailing Address
74 Pine Ct. N.

City **Buffalo** State **NY** Zip Code **14224**

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

Name of Employer: **We Care Transportation** Occupation: **Pres.**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **3000.00**

Date of Receipt
09 / 20 / 2002

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
Dziugoff, Victor

Mailing Address
20 Dawson Dr.

City **Manalapan** State **NJ** Zip Code **07726**

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

Name of Employer: **Mega Services** Occupation: **Pres.**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **5000.00**

Date of Receipt
09 / 20 / 2002

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Gaddis, Jesse

Mailing Address
P.O. Box 950 New River Station

City **Ft. Lauderdale** State **FL** Zip Code **33302**

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

Name of Employer: **Yellow Cab of Ft. Lauderdale** Occupation: **Pres.**

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date **3000.00**

Date of Receipt
09 / 29 / 2002

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) **11000.00**

TOTAL This Period (last page 144c line number only) **11000.00**

**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 8

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

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NAME OF COMMITTEE (in Full)

Taxicab, Limousine & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ugasta, Jovilyn

Mailing Address

216 737 Longmeadow Cir

City

Malden

State

MA

Zip Code

60060

FEC ID number of contributing federal political committee.

C

Name of Employer

Blue Cab

Occupation

Pres.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

60,000

Date of Receipt

09 / 25 / 2002

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

300.00

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

8,350.00

**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 type="checkbox"/> 21a	<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"/> 29

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NAME OF COMMITTEE (in Full)

Taxicab, Limousine & Paratransit Association Political Action Committee

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Friends of Roy Blunt

Mailing Address: P.O. Box 50100

City: Springfield State: MO Zip Code: 65805

Purpose of Disbursement: re-election fundraiser

Candidate Name: Roy Blunt

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: MO District: 7

09 / 18 / 2002

Amount of Each Disbursement this Period

200000

011
Category/Type

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Friends of Clay Shaw

Mailing Address: P.O. Box 276093

City: Boca Raton State: FL Zip Code: 33427

Purpose of Disbursement: re-election fundraiser

Candidate Name: Clay Shaw

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: FL District: 22

09 / 18 / 2002

Amount of Each Disbursement this Period

100000

011
Category/Type

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Allard for Senate

Mailing Address: 507 Capital Ct. NE #100

City: Washington State: DC Zip Code: 20002

Purpose of Disbursement: re-election fundraiser

Candidate Name: Wayne Allard

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: CO District:

09 / 18 / 2002

Amount of Each Disbursement this Period

200000

011
Category/Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

500000

**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"/> 26
<input type="checkbox"/> 28	<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): Musgrave for Congress

Date of Disbursement: 09 / 18 / 2002

Mailing Address: 9004 Advantage Ct.

City: Parke State: VA Zip Code: 22015

Purpose of Disbursement: election fundraiser Category/Type: 011

Candidate Name: Marilyn Musgrave

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: CD District: 4

Amount of Each Disbursement this Period: 1000.00

B.

Full Name (Last, First, Middle Initial): John Cornyn for U.S. Senate

Date of Disbursement: 09 / 18 / 2002

Mailing Address: 900 Second St. NE # 114

City: Washington State: DC Zip Code: 20002

Purpose of Disbursement: election fundraiser Category/Type: 011

Candidate Name: John Cornyn

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: TX District:

Amount of Each Disbursement this Period: 1000.00

C.

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

Date of Disbursement: 09 / 18 / 2002

Mailing Address: Box 756

City: Winter Park State: FL Zip Code: 32790

Purpose of Disbursement: re-election fundraiser Category/Type: 011

Candidate Name: John Mica

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: FL District: 7

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) 3000.00

TOTAL This Period (last page this line number only) 3000.00

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 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

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Tom De Lay Congressional Committee

Mailing Address

2300 Cleveland Blvd #401

City: Arlington State: VA Zip Code: 22201

Purpose of Disbursement

Candidate Name

re-election fundraiser

Tom De Lay

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify)

State: TX District: 22

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary
 General
 Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

09 / 18 / 2002

Amount of Each Disbursement this Period

10,000

Relel
Category/
Type

Date of Disbursement

Amount of Each Disbursement this Period

Date of Disbursement

Amount of Each Disbursement this Period

10,000
90,000

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/15/02</i>
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>R</i>	<i>10/15/02</i>
PREPARER	DATE PREPARED

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2002-10-15 17:06:51