

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL ROOM

002 FEB 26 P 1:49

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

TRANSFORMATION INTERMEDIARIES ASSOCIATION
TIA PAC

ADDRESS (number and street)

3601 EISENHOWER AVENUE, SUITE 111A

Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22304

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000335091

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(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)

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

- Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)

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

01 01 2001

through

04 30 2001

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

ROBERT A. VOLTMANN

Signature of Treasurer

[Handwritten Signature]

Date

01 04 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Report Covering the Period:

From:

01 01 2001

To:

06 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2001		20,329.00
(b) Cash on Hand at Beginning of Reporting Period	20,329.00	
(c) Total Receipts (from Line 19)	1,304,734	1,304,734
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3,337,634	3,337,634
7. Total Disbursements (from Line 30)	779,434	779,434
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2,558,200	2,558,200
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

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 20483

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Report Covering the Period:

From:

01 01 2001

To:

06 30 2001

1. 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)	873234	
(ii) Unitemized	431500	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	1304734	1304734
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	1304734	1304734
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	1304734	1304734
20. Total Federal Receipts (subtract Line 18 from Line 19)	1304734	1304734

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 30X (Revised 1/01)

Page 4

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	0	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	355000	355000
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	355000	355000
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	400000	400000
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 5441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	24434	24434
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	24434	24434
29. Other Disbursements	0	0
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	779434	779434
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	779434	779434

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	1304734	1304734
33. Total Contribution Refunds (from Line 28(d))	24434	24434
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	1280300	1280300
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	355000	355000
36. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	355000	355000

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE	OF
<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)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Full Name (Last, First, Middle Initial)
A. MCI WORLDWIDE (MIS-DEPOSITED)-COLLECTED

Mailing Address
701 S. 12TH ST.

City State Zip Code
ARLINGTON VA 22202

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation

Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **244.34**

Date of Receipt
01 24 2001

Amount of Each Receipt this Period
244.34

Full Name (Last, First, Middle Initial)
B. CLARK, DOUG

Mailing Address
828 4TH AVE.

City State Zip Code
DALLAS TX 75226

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
CARGO-MASTER, INC. PRESIDENT

Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5,000.00**

Date of Receipt
03 22 2001

Amount of Each Receipt this Period
5,000.00

Full Name (Last, First, Middle Initial)
C. ANDREWS, CHUCK

Mailing Address
920 N. SHADELAND AVE.

City State Zip Code
INDIANAPOLIS IN 46219

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
MIDWEST FREIGHT BROKERS PRESIDENT

Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt
03 22 2001

Amount of Each Receipt this Period
5,320.00

SUBTOTAL of Receipts This Page (optional) **1,276.34**
 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 2 OF 1
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. HERREMAN, DONN
 Full Name (Last, First, Middle Initial)
 Mailing Address: **16881 HAYES RD.**
 City: **GRAND HAVEN** State: **MI** Zip Code: **49417**
 Name of Employer: **CARLO-MASTER** Occupation: **EXEC. VICE PRESIDENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **311.00**

Date of Receipt: **03 / 27 / 2001**
 Amount of Each Receipt this Period: **311.00**

B. PELLE, KAREN
 Full Name (Last, First, Middle Initial)
 Mailing Address: **2913-A SATURN ST.**
 City: **BREA** State: **CA** Zip Code: **92821**
 Name of Employer: **MEGATRUX, INC.** Occupation: **PRESIDENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **380.00**

Date of Receipt: **03 / 27 / 2001**
 Amount of Each Receipt this Period: **380.00**

C. DI MOLA, LOUIS
 Full Name (Last, First, Middle Initial)
 Mailing Address: **P.O. BOX 912**
 City: **PEPPERELL** State: **MA** Zip Code: **01463**
 Name of Employer: **A M TRANSPORTATION SVCS.** Occupation: **PRESIDENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **225.00**

Date of Receipt: **03 / 29 / 2001**
 Amount of Each Receipt this Period: **225.00**

SUBTOTAL of Receipts This Page (optional) **916.00**
 TOTAL This Period (last page this line number only) **916.00**

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

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. Full Name (Last, First, Middle Initial)
PIERCE, MICHAEL

Mailing Address
7412 SW BEAVERTON-HILLSDAVE HWY

City **PORTLAND** State **OR** Zip Code **97225**

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

Name of Employer **JOB RIGHTS TRANSPORTATION** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
03 / 29 / 2001

Amount of Each Receipt this Period
650.00

B. Full Name (Last, First, Middle Initial)
WALTERS, ROBERT

Mailing Address
2900 EAST LA PALMA AVE.

City **ANAHEIM** State **CA** Zip Code **92806**

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

Name of Employer **FREIGHT MANAGEMENT** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
03 / 29 / 2001

Amount of Each Receipt this Period
450.00

C. Full Name (Last, First, Middle Initial)
BUTZOW, BARRY

Mailing Address
5100 MITCHELL ROAD

City **EDEN PRARIE** State **MN** Zip Code **55344**

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

Name of Employer **C. H. ROBINSON** Occupation **SNR. VP**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt
04 / 02 / 2001

Amount of Each Receipt this Period
1900.00

SUBTOTAL of Receipts This Page (optional) ▶ **3000.00**

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 4 OF 11

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
18	14	15	16	

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NAME OF COMMITTEE (In Full)

TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Full Name (Last, First, Middle Initial)

A. ORSCHEIN, DAVID

Mailing Address

4220 HOCKER SOUTH

City

INDEPENDENCE

State

MD

Zip Code

164055

FEC ID number of contributing federal political committee.

C

Name of Employer

ORTRAN

Occupation

OWNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 06 2001

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. McEUIRE, CYNTHIA

Mailing Address

276 S. MAIN ST.

City

AMHERST

State

OH

Zip Code

44001

FEC ID number of contributing federal political committee.

C

Name of Employer

NA EXPRESS TRANSP.

Occupation

VICE PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 03 2001

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. THOMAS, ROBERT D.

Mailing Address

P.O. BOX 10489

City

JACKSONVILLE

State

FL

Zip Code

32247

FEC ID number of contributing federal political committee.

C

Name of Employer

SWADATH TRANSPORTATION

Occupation

VICE PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 18 2001

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

760.00

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

CONTRIBUTIONS IN KIND

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 11

(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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Full Name (Last, First, Middle Initial)

A. MIDDLETON, TOM

Mailing Address

191 Waukegan Road #208

City

NORTHFIELD

State

IL

Zip Code

60093

FEC ID number of contributing federal political committee.

C

Name of Employer

GENEX

Occupation

EXEC. VICE PRES.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

03 01 2001

Amount of Each Receipt this Period

400.00

ROUND OF GOLF

Full Name (Last, First, Middle Initial)

B. MIDDLETON, TOM

Mailing Address

191 Waukegan Road #208

City

NORTHFIELD

State

IL

Zip Code

60093

FEC ID number of contributing federal political committee.

C

Name of Employer

GENEX

Occupation

EXEC. VICE PRES.

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

03 01 2001

Amount of Each Receipt this Period

130.00

SPORTS TICKETS

Full Name (Last, First, Middle Initial)

C. HOLMES, GEORGIA RUSSELL

Mailing Address

P.O. BOX 988

City

FORT WAYNE

State

IN

Zip Code

46818

FEC ID number of contributing federal political committee.

C

Name of Employer

NORTH AMERICAN VAN LINES

Occupation

BROKER MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

03 01 2001

Amount of Each Receipt this Period

250.00

BAG & HAT

SUBTOTAL of Receipts This Page (optional)

555.00

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 6 OF 11	
<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)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. Full Name (Last, First, Middle Initial)
HOLMES, GEORGIA RUSSELL

Date of Receipt
03 01 2001

Mailing Address
P.O. BOX 988

City State Zip Code
FORT WAYNE IN 46818

Amount of Each Receipt This Period
3000

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
N. Am. VAN LINES BROKER MANAGER

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date
10000

TOY TRUCK

B. Full Name (Last, First, Middle Initial)
HOLMES, GEORGIA RUSSELL

Date of Receipt
03 01 2001

Mailing Address
P.O. BOX 988

City State Zip Code
FORT WAYNE IN 46818

Amount of Each Receipt This Period
2500

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
N. Am. VAN LINES BROKER MANAGER

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date
10000

TOY TRUCK

C. Full Name (Last, First, Middle Initial)
HOLMES, GEORGIA RUSSELL

Date of Receipt
03 01 2001

Mailing Address
P.O. BOX 988

City State Zip Code
FORT WAYNE IN 46818

Amount of Each Receipt this Period
2000

FEC ID number of contributing federal political committee.
C

Name of Employer Occupation
N. Am. VAN LINES BROKER MANAGER

Receipt For: Primary General Other (specify)
Aggregate Year-to-Date
10000

GOLF BALLS

SUBTOTAL of Receipts This Page (optional)	7500
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)

<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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PAGE 7 OF 11

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. Full Name (Last, First, Middle Initial)
BROOKHOUSE, DAVID

Mailing Address
612 E. SUPERIOR ST.

City
ALMA State
MI Zip Code
48801

FEC ID number of contributing federal political committee.
C

Name of Employer
TMS Occupation
PRESIDENT

Receipt For:
 Primary General Other (specify) ▾

Aggregate Year-to-Date ▾

Date of Receipt
03 01 2001

Amount of Each Receipt this Period
200.00

CRUISE DISCOUNT

B. Full Name (Last, First, Middle Initial)
MOSCRIP, SCOTT

Mailing Address
P.O. BOX 99

City
NEW PLYMOUTH State
ID Zip Code
83655

FEC ID number of contributing federal political committee.
C

Name of Employer
INTERNET TRUCKSTOP Occupation
PRESIDENT

Receipt For:
 Primary General Other (specify) ▾

Aggregate Year-to-Date ▾

Date of Receipt
03 01 2001

Amount of Each Receipt this Period
500.00

WEB SITE DESIGN

C. Full Name (Last, First, Middle Initial)
CAMERON, MARC

Mailing Address
P.O. BOX 23519

City
PORTLAND State
OR Zip Code
97221

FEC ID number of contributing federal political committee.
C

Name of Employer
DAT SERVICES Occupation
PRESIDENT

Receipt For:
 Primary General Other (specify) ▾

Aggregate Year-to-Date ▾
250.00

Date of Receipt
03 01 2001

Amount of Each Receipt this Period
250.00

CAMERA

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIA PAC

A. Full Name (Last, First, Middle Initial)
MUSIC, ANDY

Mailing Address
P.O. BOX 19170

City
JACKSONVILLE State **FL** Zip Code **32245**

FEC ID number of contributing federal political committee.
C

Name of Employer
ETB.COM Occupation
MARKETING

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
[]

Date of Receipt
03 01 2001

Amount of Each Receipt this Period
350.00

SUBSCRIPTION

B. Full Name (Last, First, Middle Initial)
WICHERT, MICHAEL

Mailing Address
P.O. BOX 2398

City
SOUTH GATE State **CA** Zip Code **90280**

FEC ID number of contributing federal political committee.
C

Name of Employer
CALSTATE EXPRESS Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
03 01 2001

Amount of Each Receipt this Period
150.00

GOLF CLUBS

C. Full Name (Last, First, Middle Initial)
ORSCHEN, DAVID

Mailing Address
4220 HOCKER SOUTH

City
INDEPENDENCE State **MO** Zip Code **64055**

FEC ID number of contributing federal political committee.
C

Name of Employer
ORTRAN Occupation
OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
03 01 2001

Amount of Each Receipt this Period
100.00

BASEBALLS

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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 4 OF 11

(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)
 TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Full Name (Last, First, Middle Initial)
 A. GIZEL, ALICE

Mailing Address
 200 REGENCY DR.
 City: GLENDALE HEIGHTS State: IL Zip Code: 60139

FEC ID number of contributing federal political committee: C

Name of Employer: JBS LOGISTICS Occupation: PRESIDENT

Receipt For:
 Primary General Other (specify) _____

Aggregate Year-to-Date: _____

Date of Receipt: 03 / 01 / 2001

Amount of Each Receipt this Period: 100.00

SPORTS TICKET

Full Name (Last, First, Middle Initial)
 B. DARNEL, BAY

Mailing Address
 P.O. BOX 8729
 City: PARK CITY State: IL Zip Code: 60079

FEC ID number of contributing federal political committee: C

Name of Employer: AL MODES Occupation: PRESIDENT

Receipt For:
 Primary General Other (specify) _____

Aggregate Year-to-Date: 50.00

Date of Receipt: 03 / 01 / 2001

Amount of Each Receipt this Period: 50.00

SPORTS TICKETS

Full Name (Last, First, Middle Initial)
 C. JACKSON, JOHN

Mailing Address
 15600 JFK BLVD. #600
 City: HOUSTON State: TX Zip Code: 77267

FEC ID number of contributing federal political committee: C

Name of Employer: TRIMAC LOGISTICS Occupation: MANAGER

Receipt For:
 Primary General Other (specify) _____

Aggregate Year-to-Date: _____

Date of Receipt: 03 / 01 / 2001

Amount of Each Receipt this Period: 50.00

THERMOS

SUBTOTAL of Receipts This Page (optional): _____

TOTAL This Period (last page this line number only): _____

200.00

CONTRIBUTIONS IN KIND

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"/> 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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PAGE 10 OF 11

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. Full Name (Last, First, Middle Initial)
CASSIDY, LEE

Mailing Address
7703 PARK TRAILS DR.

City: FORT WORTH State: TX Zip Code: 76137

FEC ID number of contributing federal political committee: C

Name of Employer: GPS TRANSPORTATION Occupation: DIR. NATIONAL ARTS

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt: 03/01/2001

Amount of Each Receipt this Period: 100.00

CAMERA

B. Full Name (Last, First, Middle Initial)
ZOLTAI, ZOLIAN

Mailing Address
F271 ENGLE RD, #400

City: CLEVELAND State: OH Zip Code: 44130

FEC ID number of contributing federal political committee: C

Name of Employer: DISTRIBUTION DATA Occupation: COORDINATOR OF SICK

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date

Date of Receipt: 03/01/2001

Amount of Each Receipt this Period: 25.00

BOOK

C. Full Name (Last, First, Middle Initial)
PULLEY, ROBERT

Mailing Address
525 CREWS ST.

City: LAWRENCEBURG State: TN Zip Code: 38464

FEC ID number of contributing federal political committee: C

Name of Employer: SOUTHLAND LOGISTICS Occupation: PRESIDENT

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 150.00

Date of Receipt: 03/01/2001

Amount of Each Receipt this Period: 150.00

CABIN FOR WEEKEND

SUBTOTAL of Receipts This Page (optional): 275.00

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 1 OF 1
<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)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. Full Name (Last, First, Middle Initial)
McCloskey, Tim

Mailing Address
P.O. Box 480

City **LIONVILLE** State **PA** Zip Code **19353**

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

Name of Employer: **MTS TRANSPORT** Occupation: **PRESIDENT**

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
03 / 01 / 2001

Amount of Each Receipt this Period
5000

SPORTS TICKETS

B. Full Name (Last, First, Middle Initial)
McCloskey, Tim

Mailing Address
P.O. Box 480

City **LIONVILLE** State **PA** Zip Code **19353**

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

Name of Employer: **MTS TRANSPORT** Occupation: **PRESIDENT**

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
03 / 01 / 2001

Amount of Each Receipt this Period
5000

SPORTS TICKETS

C. Full Name (Last, First, Middle Initial)
SCHLESKI, IERY

Mailing Address
P.O. Box 7013

City **ROCKFORD** State **IL** Zip Code **61125**

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

Name of Employer: **LANDSTAR** Occupation: **VICE PRESIDENT**

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
03 / 01 / 2001

Amount of Each Receipt this Period
2500

TRUCK

SUBTOTAL of Receipts This Page (optional) **12500**

TOTAL This Period (last page this line number only) **87323.4**

**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 10	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 28
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Full Name (Last, First, Middle Initial)
A. GORDON SMITH FOR US SENATE

Date of Disbursement
02 / 15 / 2001

Amount of Each Disbursement this Period
1000.00

Category/Type
011

Mailng Address
902 SW SIXTH AVE. #1250

City
PORTLAND State
OR Zip Code
97204

Purpose of Disbursement
FUNDRAISER

Candidate Name
GORDON SMITH

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **OR** District:

Full Name (Last, First, Middle Initial)
B. COOKSEY FOR SENATE

Date of Disbursement
03 / 07 / 2001

Amount of Each Disbursement this Period
2000.00

Category/Type
011

Mailng Address
P.O. Box 15020

City
MONROE State
LA Zip Code
71207

Purpose of Disbursement
FUNDRAISER

Candidate Name
JOHN COOKSEY

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **LA** District:

Full Name (Last, First, Middle Initial)
C. CITIZENS FOR TOM PETRI

Date of Disbursement
03 / 29 / 2001

Amount of Each Disbursement this Period
1000.00

Category/Type
011

Mailng Address
P.O. Box 270

City
FOND DU LAC State
WI Zip Code
54934-0270

Purpose of Disbursement
FUNDRAISER

Candidate Name
TOM PETRI

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) **4000.00**

TOTAL This Period (last page this line number only) **4000.00**

**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)

TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Full Name (Last, First, Middle Initial)

A. TRANSPORTATION INTERMEDIARIES ASSOCIATION

Date of Disbursement

04 19 2001

Mailing Address

3601 KISENAWER AVE, SUITE 110

Amount of Each Disbursement this Period

24434

City

ALEXANDRIA

State

VA

Zip Code

22304

Purpose of Disbursement

REFUND OF MIS-DEPOSITED CHECK FROM

010

Candidate Name

MCI WORLDCOM

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/Type

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)

24434

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

PAGE 3 OF 10

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. TRANSPORTATION INTERMEDIARIES ASSOCIATION

Full Name (Last, First, Middle Initial)

Mailing Address: **3601 EISENHOWER AVE, SUITE 110**

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

Purpose of Disbursement: **REIMBURSEMENT** Category/Type: **002**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **03 / 14 / 2001**

Amount of Each Disbursement this Period: **2000**

B. UNITED AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. BOX 28870**

City: **JACKSON** State: **AZ** Zip Code: **85326-8870**

Purpose of Disbursement: **AIRPLANE TICKETS FOR FUNDRAISER** Category/Type: **002**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **03 / 22 / 2001**

Amount of Each Disbursement this Period: **75000**

C.

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) ▼

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) **77000**

TOTAL This Period (last page this line number only) **77000**

CONTRIBUTIONS IN KIND

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. MIDDLETON, TOM

Full Name (Last, First, Middle Initial)

Mailing Address: **191 WAUKEGAN ROAD #208**

City: **NORTHFIELD** State: **IL** Zip Code: **60093**

Purpose of Disbursement: **OPERATING EXPENSE - IN-KIND CONT.** Category/Type: **00.1**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **03/01/2001**

Amount of Each Disbursement this Period: **400.00**

ROUND OF GOLF

B. MIDDLETON, TOM

Full Name (Last, First, Middle Initial)

Mailing Address: **191 WAUKEGAN ROAD #208**

City: **NORTHFIELD** State: **IL** Zip Code: **60093**

Purpose of Disbursement: **OPERATING EXP. - IN-KIND CONTRIB.** Category/Type: **00.1**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **03/01/2001**

Amount of Each Disbursement this Period: **130.00**

C. HOLMES, GEORGIA RUSSELL

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. BOX 988**

City: **DRY WAYNE** State: **IN** Zip Code: **46818**

Purpose of Disbursement: **OPERATING EXP. - IN-KIND CONTRIB.** Category/Type: **00.1**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **03/01/2001**

Amount of Each Disbursement this Period: **250.00**

SUBTOTAL of Disbursements This Page (optional) **555.00**

TOTAL This Period (last page this line number only)

CONTRIBUTIONS IN KIND

**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				

PAGE **5** OF **10**

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. Full Name (Last, First, Middle Initial): **HOLMES, GEORGIA RUSSELL**

Date of Disbursement: **03 01 2001**

Mailing Address: **P.O. BOX 988**

City: **FORT WAYNE** State: **IN** Zip Code: **46818**

Purpose of Disbursement: **OPERATING EXP - IN-KIND CONTRIB** Category/Type: **001**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period: **30.00**

TOY TRUCK

B. Full Name (Last, First, Middle Initial): **HOLMES, GEORGIA RUSSELL**

Date of Disbursement: **03 01 2001**

Mailing Address: **P.O. BOX 988**

City: **FORT WAYNE** State: **IN** Zip Code: **46818**

Purpose of Disbursement: **OPERATING EXP - IN-KIND CONTRIB** Category/Type: **001**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period: **25.00**

TOY TRUCK

C. Full Name (Last, First, Middle Initial): **HOLMES, GEORGIA RUSSELL**

Date of Disbursement: **03 01 2001**

Mailing Address: **P.O. BOX 988**

City: **FORT WAYNE** State: **IN** Zip Code: **46818**

Purpose of Disbursement: **OPERATING EXP - IN-KIND CONTRIB** Category/Type: **001**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Amount of Each Disbursement this Period: **20.00**

GOLF BALLS

SUBTOTAL of Disbursements This Page (optional): **75.00**

TOTAL This Period (last page this line number only): _____

CONTRIBUTIONS IN KIND

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				

PAGE 1 OF 1

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NAME OF COMMITTEE (in Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. **BROOKHOUSE, DAVID**

Date of Disbursement: **03/31/2001**

Full Name (Last, First, Middle Initial)

Mailing Address: **612 E. SUPERIOR ST.**

City: **ALMA** State: **MI** Zip Code: **48801**

Purpose of Disbursement: **OPERATING EXP. - IN-KIND CONTRIB.** Category/Type: **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period: **200.00**

CRUISE DISCOUNT

B. **MOSCRIP, SCOTT**

Date of Disbursement: **03/01/2001**

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. BOX 95**

City: **NEW FLYMOUTH** State: **ID** Zip Code: **83655**

Purpose of Disbursement: **OPERATING EXP. - IN-KIND CONTRIB.** Category/Type: **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

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

WEB SITE DESIGN

C. **CAMERON, MARC**

Date of Disbursement: **03/01/2001**

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. BOX 23519**

City: **PORTLAND** State: **OR** Zip Code: **97281**

Purpose of Disbursement: **OPERATING EXP. - IN-KIND CONTRIB.** Category/Type: **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period: **250.00**

CAMERA

SUBTOTAL of Disbursements This Page (optional) **950.00**

TOTAL This Period (last page this line number only)

CONTRIBUTIONS IN KIND

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)															
	<table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/> 21b</td> <td><input type="checkbox"/> 22</td> <td><input type="checkbox"/> 23</td> <td><input type="checkbox"/> 24</td> <td><input type="checkbox"/> 25</td> </tr> <tr> <td><input type="checkbox"/> 26</td> <td><input type="checkbox"/> 27</td> <td><input type="checkbox"/> 28a</td> <td><input type="checkbox"/> 28b</td> <td><input type="checkbox"/> 28c</td> </tr> <tr> <td colspan="5" style="text-align: right;"><input type="checkbox"/> 29</td> </tr> </table>	<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 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																

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Full Name (Last, First, Middle Initial) A. MUSIL, ANDY	Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 03 01 2001 </div>						
Mailing Address P.O. BOX 14170	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">350.00</div>						
City State Zip Code JACKSONVILLE FL 32245							
Purpose of Disbursement OPERATING EXP. - IN-KIND CONTRIB.							
Candidate Name _____	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>						
Office Sought: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr><td><input type="checkbox"/> House</td></tr> <tr><td><input type="checkbox"/> Senate</td></tr> <tr><td><input type="checkbox"/> President</td></tr> </table>	<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	Disbursement For: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr><td><input type="checkbox"/> Primary</td></tr> <tr><td><input checked="" type="checkbox"/> General</td></tr> <tr><td><input type="checkbox"/> Other (specify) ▼</td></tr> </table>	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> House							
<input type="checkbox"/> Senate							
<input type="checkbox"/> President							
<input type="checkbox"/> Primary							
<input checked="" type="checkbox"/> General							
<input type="checkbox"/> Other (specify) ▼							
State: _____ District: _____	SUBSCRIPTION						

Full Name (Last, First, Middle Initial) B. WICKERT, MICHAEL	Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 03 01 2001 </div>						
Mailing Address P.O. BOX 2358	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">150.00</div>						
City State Zip Code SOUTH GATE CA 90280							
Purpose of Disbursement OPERATING EXP. - IN-KIND CONTRIB.							
Candidate Name _____	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>						
Office Sought: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr><td><input type="checkbox"/> House</td></tr> <tr><td><input type="checkbox"/> Senate</td></tr> <tr><td><input type="checkbox"/> President</td></tr> </table>	<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	Disbursement For: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr><td><input type="checkbox"/> Primary</td></tr> <tr><td><input checked="" type="checkbox"/> General</td></tr> <tr><td><input type="checkbox"/> Other (specify) ▼</td></tr> </table>	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> House							
<input type="checkbox"/> Senate							
<input type="checkbox"/> President							
<input type="checkbox"/> Primary							
<input checked="" type="checkbox"/> General							
<input type="checkbox"/> Other (specify) ▼							
State: _____ District: _____	GOLF CLUBS						

Full Name (Last, First, Middle Initial) C. ORSHEIN, DAVID	Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> 03 01 2001 </div>						
Mailing Address 4220 HOCKER SOUTH	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">100.00</div>						
City State Zip Code INDEPENDENCE MO 64055							
Purpose of Disbursement OPERATING EXP. - IN-KIND CONTRIB.							
Candidate Name _____	Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">001</div>						
Office Sought: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr><td><input type="checkbox"/> House</td></tr> <tr><td><input type="checkbox"/> Senate</td></tr> <tr><td><input type="checkbox"/> President</td></tr> </table>	<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	Disbursement For: <table style="display: inline-table; vertical-align: top; margin-left: 10px;"> <tr><td><input type="checkbox"/> Primary</td></tr> <tr><td><input checked="" type="checkbox"/> General</td></tr> <tr><td><input type="checkbox"/> Other (specify) ▼</td></tr> </table>	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> House							
<input type="checkbox"/> Senate							
<input type="checkbox"/> President							
<input type="checkbox"/> Primary							
<input checked="" type="checkbox"/> General							
<input type="checkbox"/> Other (specify) ▼							
State: _____ District: _____							

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">100.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

CONTRIBUTIONS IN KIND

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 8 OF 10
	<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	

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NAME OF COMMITTEE (in Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Full Name (Last, First, Middle Initial) A. GIZEL, ALEX	Date of Disbursement 03 01 2001
Mailing Address 200 BEBENCY DR.	Amount of Each Disbursement this Period 100.00
City State Zip Code GLENDHIVE HEIGHTS IL 60139	
Purpose of Disbursement OPERATING EXP. - IN-KIND CONTRIB.	Category/Type 001 SPORTS TICKETS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial) B. BARNELL, BOB	Date of Disbursement 03 01 2001
Mailing Address P.O. Box 8729	Amount of Each Disbursement this Period 50.00
City State Zip Code PARK CITY IL 60075	
Purpose of Disbursement OPERATING EXP. - IN-KIND CONTRIB.	Category/Type 001 SPORTS TICKETS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Full Name (Last, First, Middle Initial) C. JACKSON, JOHN	Date of Disbursement 03 01 2001
Mailing Address 15600 JFK Blvd. #600	Amount of Each Disbursement this Period 50.00
City State Zip Code HOUSTON TX 77267	
Purpose of Disbursement OPERATING EXP. - IN-KIND CONTRIB.	Category/Type 001 THERMOS
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

SUBTOTAL of Disbursements This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

CONTRIBUTIONS IN KIND

**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 <u>9</u> OF <u>10</u>
	<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	

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Full Name (Last, First, Middle Initial) A. CASSIDY, LEE	Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: inline-block;">03</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2001</div>
Mailing Address 7783 PARK TRAILS DR.	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">100.00</div>
City, State, Zip Code FORT WORTH TX 76137	
Purpose of Disbursement OPERATING EXP. - IN-KIND CONTRIB.	
Candidate Name 	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">00.1</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CAMERA

Full Name (Last, First, Middle Initial) B. ZOLTAI, ZOLTAN	Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: inline-block;">03</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2001</div>
Mailing Address 7271 ENGLE RD., #400	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">250.00</div>
City, State, Zip Code CLEVELAND OH 44130	
Purpose of Disbursement OPERATING EXP. - IN-KIND CONTRIB.	
Candidate Name 	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">00.1</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	BOOK

Full Name (Last, First, Middle Initial) C. PULLEY, ROBERT	Date of Disbursement <div style="border: 1px solid black; padding: 2px; display: inline-block;">03</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">01</div> / <div style="border: 1px solid black; padding: 2px; display: inline-block;">2001</div>
Mailing Address 525 CREWS ST.	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">150.00</div>
City, State, Zip Code LAWRENCEBURG TN 38464	
Purpose of Disbursement OPERATING EXP. - IN-KIND CONTRIB.	
Candidate Name 	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; font-weight: bold;">00.1</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">275.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">275.00</div>

CONTRIBUTIONS IN KIND

**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

PAGE 0 OF 0

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Full Name (Last, First, Middle Initial)
A. McCloskey, Tim

Mailing Address
P.O. Box 480

City **LEONVILLE** State **PA** Zip Code **19353**

Purpose of Disbursement
OPERATING EXP. - IN-KIND CONTRIB. Category/Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement **03 01 2001**

Amount of Each Disbursement this Period **50.00**

SPORTS TICKETS

Full Name (Last, First, Middle Initial)
B. McCloskey, Tim

Mailing Address
P.O. Box 480

City **LEONVILLE** State **PA** Zip Code **19353**

Purpose of Disbursement
OPERATING EXP. - IN-KIND CONTRIB. Category/Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement **03 01 2001**

Amount of Each Disbursement this Period **50.00**

SPORTS TICKETS

Full Name (Last, First, Middle Initial)
C. Schaeferki, Terri

Mailing Address
P.O. Box 7013

City **ROCKFORD** State **IL** Zip Code **61225**

Purpose of Disbursement
OPERATING EXP. - IN-KIND CONTRIB. Category/Type **001**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement **03 01 2001**

Amount of Each Disbursement this Period **25.00**

TOY TRUCK

SUBTOTAL of Disbursements This Page (optional) **125.00**

TOTAL This Period (last page this line number only)

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>1-4-02</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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>[Signature]</i>	<i>2-26-02</i>
PREPARER	DATE PREPARED