

2002 MAY 28 P 12:21

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

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

TRANSPORTATION INTERMEDIARIES ASSOCIATION
TRAPAC

ADDRESS (number and street)

3601 EISENHOWER AVENUE, SUITE 110

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)

(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)

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)

(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 2002

through

03 31 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

ROBERT A. VOITMANN

Signature of Treasurer

Robert A. Voittmann

Date

05 09 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 2002** To: **03 31 2002**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		21,142.00
(b) Cash on Hand at Beginning of Reporting Period	21,142.00	
(c) Total Receipts (from Line 18)	8,695.00	8,695.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29,835.00	29,835.00
7. Total Disbursements (from Line 30)	6,830.00	6,830.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23,007.00	23,007.00
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 20463

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 TLAPAC

Report Covering the Period:

From:

01 01 2002

To:

03 31 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)	6,545.00	
(ii) Unitemized	2,150.00	
(ii) TOTAL (add Lines 11(a)(i) and (ii))	8,695.00	8,695.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Carry Totals to Line 32, page 4)	8,695.00	8,695.00
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 38, 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)	8,695.00	8,695.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	8,695.00	8,695.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (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	4,880.00	4,880.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4,880.00	4,880.00
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	1,000.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(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	950.00	950.00
(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))	950.00	950.00
29. Other Disbursements	0	0
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	6,830.00	6,830.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	6,830.00	6,830.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	8,795.00	8,795.00
33. Total Contribution Refunds (from Line 28(d))	950.00	950.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	7,845.00	7,845.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4,880.00	4,880.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
37. Net Operating Expenditures (subtract Line 36 from Line 35)	2,965.00	2,965.00

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	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)
TRANSFORMATION INTERMEDIARIES ASSOCIATION TIAPAC

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

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
02 / 21 / 2002

Amount of Each Receipt this Period
200.00

CRUISE DISCOUNT

B. Full Name (Last, First, Middle Initial)
CARUCCI, WAYNE

Mailing Address
10901 KENWOOD RD.

City **CINCINNATI** State **OH** Zip Code **45242**

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

Name of Employer **GATEWAY DIST.** Occupation **VP SALES**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **3900.00**

Date of Receipt
02 / 21 / 2002

Amount of Each Receipt this Period
390.00

GIFT BASKETS

C. Full Name (Last, First, Middle Initial)
CARUCCI, WAYNE

Mailing Address
10901 KENWOOD RD.

City **CINCINNATI** State **OH** Zip Code **45242**

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

Name of Employer **GATEWAY DIST.** Occupation **VP SALES**

Receipt For:
 Primary General
 Other (specify) **▼**

Aggregate Year-to-Date **4350.00**

Date of Receipt
03 / 08 / 2002

Amount of Each Receipt this Period
45.00

SUBTOTAL of Receipts This Page (optional) **635.00**

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 4

<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. CEBELSKI, ROSE
 Full Name (Last, First, Middle Initial)
 Mailing Address: **8255 N. CENTRAL PARK**
 City: **STOKE** State: **IL** Zip Code: **60026**
 Name of Employer: **RAND MCNAUL** Occupation:
 Receipt For: Primary General
 Other (specify)

Date of Receipt: **02/21/2002**
 Amount of Each Receipt this Period: **240.00**
BOOKS
 Aggregate Year-to-Date: **240.00**

B. CHALFAS, JIM
 Full Name (Last, First, Middle Initial)
 Mailing Address: **5101 WHEELS DR. #300**
 City: **MEMPHIS** State: **TN** Zip Code: **38117**
 Name of Employer: **CORNERSTONE SYSTEMS** Occupation: **SNR. VP**
 Receipt For: Primary General
 Other (specify)

Date of Receipt: **02/21/2002**
 Amount of Each Receipt this Period: **700.00**
 Aggregate Year-to-Date: **700.00**

C. CHALFAS, JIM
 Full Name (Last, First, Middle Initial)
 Mailing Address: **5101 WHEELS DR. #300**
 City: **MEMPHIS** State: **TN** Zip Code: **38117**
 Name of Employer: **CORNERSTONE SYSTEMS** Occupation: **SNR. VP**
 Receipt For: Primary General
 Other (specify)

Date of Receipt: **02/21/2002**
 Amount of Each Receipt this Period: **80.00**
COOLERS
 Aggregate Year-to-Date:

SUBTOTAL of Receipts This Page (optional) **1,020.00**
 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 3 OF 6
(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)
FOLEY, JAY

Mailing Address
1640 MONAD RD.

City **BILLING** State **MT** Zip Code **59101**

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

Name of Employer **FREIGHT AGENCY** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39,500

Date of Receipt
02 ' 21 ' 2002

Amount of Each Receipt this Period
260.00

GIFT BASKETS

B. Full Name (Last, First, Middle Initial)
HURRELBRINK, JIM

Mailing Address
106 GUELPH ST.

City **GEORGETOWN** State **ON** Zip Code **L7G-3Z5**

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

Name of Employer **FARGO TRANSP.** Occupation **PRESIDENT**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39,500

Date of Receipt

Amount of Each Receipt this Period
395.00

***DEPOSITED BY MISTAKE -- CORRECTION ON NEXT REPORT**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **655.00**

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 4 OF 4
<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. MILLER, PAMELA
 Full Name (Last, First, Middle Initial)
 Mailing Address: P.O. Box 19170
 City: JACKSONVILLE State: FL Zip Code: 32245
 Name of Employer: CFS.COM Occupation: DIRECTOR
 Receipt For: Primary General
 Other (specify)

Date of Receipt: 02/21/2002
 Amount of Each Receipt this Period: 480.00
 SUBSCRIPTION

B. MOSCOW, SCOTT
 Full Name (Last, First, Middle Initial)
 Mailing Address: P.O. Box 99
 City: NEW BRUNSWICK State: NJ Zip Code: 08855
 Name of Employer: INTERNET TRUCKSTOP Occupation: PRESIDENT
 Receipt For: Primary General
 Other (specify)

Date of Receipt: 02/21/2002
 Amount of Each Receipt this Period: 1500.00
 WEB DESIGN

C. MASCHELN, DAVID
 Full Name (Last, First, Middle Initial)
 Mailing Address: 420 HOCKER SOUTH
 City: INDEPENDENCE State: MO Zip Code: 64055
 Name of Employer: ORTRAN Occupation: OWNER
 Receipt For: Primary General
 Other (specify)

Date of Receipt: 02/21/2002
 Amount of Each Receipt this Period: 500.00
 PICTURE

SUBTOTAL of Receipts This Page (optional): 2480.00
 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 5 OF 4	
	<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. ORSCHEIN, DAVID
 Full Name (Last, First, Middle Initial)
 Mailing Address: **4220 HOCKER SOUTH**
 City: **INDEPENDENCE** State: **MO** Zip Code: **64055**
 Name of Employer: **DRYAN** Occupation: **OWNER**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **5,200.00**

Date of Receipt: **03 19 2002**
 Amount of Each Receipt this Period: **600.00**

B. SAMPLE, STEVE
 Full Name (Last, First, Middle Initial)
 Mailing Address: **3600 CHAMBERLAIN LN.**
 City: **LOUISVILLE** State: **KY** Zip Code: **40243**
 Name of Employer: **HOME-IT TRANSP.** Occupation: **PRESIDENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **8,300.00**

Date of Receipt: **03 07 2002**
 Amount of Each Receipt this Period: **830.00**

C. VOLTSMANN, ROBERT
 Full Name (Last, First, Middle Initial)
 Mailing Address: **2601 EISENHOWER AVE #110**
 City: **ALEXANDRIA** State: **VA** Zip Code: **22304**
 Name of Employer: **TIA** Occupation: **PRESIDENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **4,550.00**

Date of Receipt: **02 21 2002**
 Amount of Each Receipt this Period: **455.00**
ADVERTISING

SUBTOTAL of Receipts This Page (optional) **3,450.00**
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 6
(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. VOLTMANN, ROBERT
 Full Name (Last, First, Middle Initial)
 Mailing Address: **3601 EISENHOWER AVE, #110**
 City: **ALEXANDRIA** State: **VA** Zip Code: **22304**
 Date of Receipt: **02/21/2002**
 Amount of Each Receipt this Period: **3000**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **TIA** Occupation: **PRESIDENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **48500**

B. WALTERS, BOB
 Full Name (Last, First, Middle Initial)
 Mailing Address: **2500 EAST LA PALMA AVE.**
 City: **ANAHEIM** State: **CA** Zip Code: **92806**
 Date of Receipt: **02/21/2002**
 Amount of Each Receipt this Period: **3000**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **FREIGHT MGR.** Occupation: **PRESIDENT**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **30000**
CAMERA

C. SCHLESKI, TERI
 Full Name (Last, First, Middle Initial)
 Mailing Address: **P.O. BOX 7013**
 City: **ROCKFORD** State: **IL** Zip Code: **61125**
 Date of Receipt: **02/21/2002**
 Amount of Each Receipt this Period: **8000**
 FEC ID number of contributing federal political committee: **C**
 Name of Employer: **LANDSTAR** Occupation: **VP**
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: **8000**
TRUCK

SUBTOTAL of Receipts This Page (optional) **41000**
 TOTAL This Period (last page this line number only) **1054500**

CONT. 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	OF
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	4	4
	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c		29

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. FOLEY, JAY

Mailing Address: 1640 MONAD RD
City: BILLINGS State: MT Zip Code: 59101

Purpose of Disbursement: OPERATING EXP - IN-KIND CONT
Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: 02/21/2002

Amount of Each Disbursement this Period: 260.00

Category/Type: 001

TASTE OF MONTANA

B. BROCKHOUSE, DAVE

Mailing Address: 612 E. SUPERIOR ST.
City: ALMA State: MT Zip Code: 45801

Purpose of Disbursement: OPERATING EXP - IN-KIND CONT
Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: 02/21/2002

Amount of Each Disbursement this Period: 200.00

Category/Type: 001

CRUISE DISCOUNT

C. CHALTAS, JIM

Mailing Address: 5101 WHEELS DR.
City: MEMPHIS State: TN Zip Code: 38117

Purpose of Disbursement: OPERATING EXP - IN-KIND CONT
Candidate Name: _____

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Date of Disbursement: 02/21/2002

Amount of Each Disbursement this Period: 80.00

Category/Type: 001

COOLERS

SUBTOTAL of Disbursements This Page (optional): 540.00

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

CONT 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 2 OF 4	
	<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

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. CARUCCI, WAYNE

Date of Disbursement: 02/21/2007

Mailing Address: 10901 KENWOOD RD.

City: CINCINNATI State: OH Zip Code: 45242

Purpose of Disbursement: OP. EXP - IN-KIND CONT

Candidate Name: [] Category/Type: 00.1

Office Sought: [] House [] Senate [] President

Disbursement For: [] Primary General [] Other (specify) ▼

State: District:

Amount of Each Disbursement this Period: 390.00

GIFT BASKETS

B. SCHOLPSKI, TAMI

Date of Disbursement: 02/21/2007

Mailing Address: P.O. Box 7013

City: ROCKFORD State: IL Zip Code: 61125

Purpose of Disbursement: OP. EXP - IN-KIND CONT.

Candidate Name: [] Category/Type: 00.1

Office Sought: [] House [] Senate [] President

Disbursement For: [] Primary General [] Other (specify) ▼

State: District:

Amount of Each Disbursement this Period: 80.00

C.

Date of Disbursement: [] [] []

Mailing Address: [] [] []

City: [] State: [] Zip Code: []

Purpose of Disbursement: []

Candidate Name: [] Category/Type: []

Office Sought: [] House [] Senate [] President

Disbursement For: [] Primary [] General [] Other (specify) ▼

State: District:

Amount of Each Disbursement this Period: []

SUBTOTAL of Disbursements This Page (optional) → 470.00

TOTAL This Period (last page this line number only) → []

CONF 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 3 OF 4	
	<input checked="" type="checkbox"/> 21a	<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

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. MOSCUP, SCOTT

Date of Disbursement: 02/21/2002

Mailing Address: P.O. Box 99

City: NEW PLYMOUTH State: ID Zip Code: 83255

Purpose of Disbursement: OP. EXP. IN-KIND CONF

Candidate Name: [] Category/Type: 00.1

Office Sought: [] House [] Senate [] President

Disbursement For: [] Primary General [] Other (specify) ▼

Amount of Each Disbursement this Period: 1,500.00

WEBS DESIGN

B. MILLER, PAMELA

Date of Disbursement: 02/21/2002

Mailing Address: P.O. Box 19170

City: JACKSONVILLE State: FL Zip Code: 32245

Purpose of Disbursement: OP. EXP. IN-KIND CONF.

Candidate Name: [] Category/Type: 00.1

Office Sought: [] House [] Senate [] President

Disbursement For: [] Primary General [] Other (specify) ▼

Amount of Each Disbursement this Period: 480.00

SUBSCRIPTION

C. VOLTSMANN, ROBERT

Date of Disbursement: 02/21/2002

Mailing Address: 3601 EISENHOWER AVE. #360

City: ALEXANDRIA State: VA Zip Code: 22304

Purpose of Disbursement: OP. EXP. IN-KIND CONF.

Candidate Name: [] Category/Type: 00.1

Office Sought: [] House [] Senate [] President

Disbursement For: [] Primary General [] Other (specify) ▼

Amount of Each Disbursement this Period: 455.00

ADVERTISING

SUBTOTAL of Disbursements This Page (optional) 2435.00

TOTAL This Period (last page this line number only)

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 4 OF 4	
	<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

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

A. **CEBELSKI, ROSE**

Full Name (Last, First, Middle Initial)

Mailing Address: **8255 N. CENTRAL PARK**

City: **SKOKIE** State: **IL** Zip Code: **60074**

Purpose of Disbursement: **OP. EXP. IN-KIND CONT.** Category/Type: **00.1**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **02 21 2002**

Amount of Each Disbursement this Period: **240.00**

BOOKS

B. **ORSCHERN, DAVID**

Full Name (Last, First, Middle Initial)

Mailing Address: **4220 HOCKER SOUTH**

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

Purpose of Disbursement: **OP. EXP. IN-KIND CONT.** Category/Type: **00.1**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **02 21 2002**

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

PICTURE

C. **WALTERS, BOB**

Full Name (Last, First, Middle Initial)

Mailing Address: **2900 E. LA PALMA AVE.**

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

Purpose of Disbursement: **OP. EXP. IN-KIND CONT.** Category/Type: **00.1**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **02 21 2002**

Amount of Each Disbursement this Period: **300.00**

CAMERA

SUBTOTAL of Disbursements This Page (optional) **1040.00**

TOTAL This Period (last page this line number only) **4485.00**

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)		PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24
	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 25
			<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. **BUTLER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address: **118 W. MAIN ST.**

City: **ADA** State: **OK** Zip Code: **74820**

Purpose of Disbursement: **RUNDRASER** Category/Type: **011**

Candidate Name: **KEITH BUTLER**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **03 21 2002**

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

B. **CITIZENS FOR PETRI**

Full Name (Last, First, Middle Initial)

Mailing Address: **P.O. BOX 270**

City: **FON DU LAC** State: **WI** Zip Code: **54934**

Purpose of Disbursement: **011** Category/Type: **011**

Candidate Name: **LOU PETRI**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **03 08 2002**

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

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) **1,000.00**

TOTAL This Period (last page this line number only)

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 6 OF 1
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 29
	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c		

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. CHARITAS, JIM

Mailing Address: 5101 WHEELIS DR. #300

City: MEMPHIS State: TN Zip Code: 38117

Purpose of Disbursement: REFUND

Candidate Name: _____

Category/Type: 010

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: 03/01/2002

Amount of Each Disbursement this Period: 9,000.00

B. CHARITAS, JIM

Mailing Address: 5101 WHEELIS DR. #300

City: MEMPHIS State: TN Zip Code: 38117

Purpose of Disbursement: REFUND

Candidate Name: _____

Category/Type: 010

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: 03/05/2002

Amount of Each Disbursement this Period: 500.00

C.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Category/Type: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

SUBTOTAL of Disbursements This Page (optional) 950.00

TOTAL This Period (last page this line number only) 950.00

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 5-10-02
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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>dmv</i> PREPARER	5-28-02 DATE PREPARED