

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2008 OCT 15 PM 12:29

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

TRANSPORTATION INTERMEDIARIES ASSOCIATION  
TIAIAC

ADDRESS (number and street)

1625 PRINCE STREET

SUITE 200

Check if different than previously reported. (ACC)

ALEXANDRIA

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00335091

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

Election on

MM / DD / YYYY

in the State of

State

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

State

5. Covering Period

07 / 01 / 2008

through

09 / 30 / 2008

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. VOLTSMANN

Signature of Treasurer

*Robert A. Voltsmann*

Date

MM / DD / YYYY

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**  
Rev. 12/2004

28039863458

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**TRANSPORTATION INTERMEDIARIES ASSOCIATION**

Report Covering the Period:

From:

**07 / 01 / 2008**

To:

**09 / 30 / 2008**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2008</b>		<b>42468.00</b>
(b) Cash on Hand at Beginning of Reporting Period.....	<b>48571.40</b>	
(c) Total Receipts (from Line 19) .....	<b>1500.00</b>	<b>22603.40</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<b>50071.40</b>	<b>65071.40</b>
7. Total Disbursements (from Line 31).....	<b>21300.00</b>	<b>36300.00</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<b>28771.40</b>	<b>28771.40</b>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....		



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

28039863459

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**TRANSPORTATION INTERMEDIARIES ASSOCIATION**

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2008

To:

MM / DD / YYYY  
09 / 30 / 2008

**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).....

1,500.00

18,891.40

(ii) Unitemized .....

3,712.00

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

1,500.00

22,603.40

(b) Political Party Committees .....

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

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

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

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

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

18. Transfers from Non-Federal and Levin Funds

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

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

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

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

1,500.00

22,603.40

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

1,500.00

22,603.40

28039863460

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21,300.00	36,300.00
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (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 .....	0	0
(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)).....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21,300.00	36,300.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21,300.00	36,300.00

28039863461

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0	0
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0	0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

28039863462

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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.

**LUCILLE ROYBAL-ALLARD for Congress**

Mailing Address

**P.O. Box 582**

City

**KENSINGTON**

State

**MD**

Zip Code

**20995**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**LUCILLE ROYBAL-ALLARD**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**07 / 09 / 2008**

Amount of Each Disbursement this Period

**1000.00**

B.

**ORTIZ for Congress**

Mailing Address

**P.O. Box 23024**

City

**WASHINGTON**

State

**DC**

Zip Code

**20026**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**SOLOMON P. ORTIZ**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**07 / 30 / 2008**

Amount of Each Disbursement this Period

**1000.00**

C.

**ROSKAM for Congress**

Mailing Address

**P.O. Box 713**

City

**Wheaton**

State

**IL**

Zip Code

**60189**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**PETER ROSKAM**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**07 / 18 / 2008**

Amount of Each Disbursement this Period

**2300.00**

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

**4300.00**

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

**4300.00**

28039863463

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRANSPORTATION INTERMEDIARIES ASSOCIATION - TIAPAC**

Full Name (Last, First, Middle Initial)

A.

**HONDA for Congress**

Mailing Address

**625 3RD STREET, NE SUITE 2**

City

**WASHINGTON DC 20002**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**MIKE HONDA**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
**07 / 24 / 2008**

Amount of Each Disbursement this Period

**1,000.00**

B.

**Re Elect ED TOWNS for Congress**

Mailing Address

**426 C STREET, NE**

City

**WASHINGTON DC 20002**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**ED TOWNS**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
**09 / 05 / 2008**

Amount of Each Disbursement this Period

**2,500.00**

C.

**GRAVES for Congress**

Mailing Address

**2345 GRAND BOULEVARD, SUITE 250**

City

**KANSAS CITY, MO 64108**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**SAM GRAVES**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
**08 / 15 / 2008**

Amount of Each Disbursement this Period

**1,000.00**

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

**4,500.00**

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

**4,500.00**

28039863464

**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)

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<input 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 type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRANSPORTATION INTERMEDIARIES ASSOCIATION - TIAPAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS of JOE BACA**

Mailing Address

**P.O. BOX 71276**

City

**WASHINGTON**

State

**DE**

Zip Code

**20024**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**JOE BACA**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**09 / 08 / 2008**

Amount of Each Disbursement this Period

**25000**

Full Name (Last, First, Middle Initial)

**B. PASTOR for ARIZONA**

Mailing Address

**P.O. BOX 1978**

City

**PHOENIX**

State

**AZ**

Zip Code

**85001**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**ED PASTOR**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**09 / 11 / 2008**

Amount of Each Disbursement this Period

**100000**

Full Name (Last, First, Middle Initial)

**C. NITA LOWEY for Congress**

Mailing Address

**P.O. BOX 30405**

City

**BETHESDA**

State

**MD**

Zip Code

**20824-0405**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**NITA LOWEY**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**09 / 17 / 2008**

Amount of Each Disbursement this Period

**100000**

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

**225000**

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

28039863465



**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TRANSPORTATION INTERMEDIARIES ASSOCIATION - TIAPAC

Full Name (Last, First, Middle Initial)

A. Nelson 2012		Date of Disbursement
Mailing Address 420 C STREET NE		09 / 18 / 2008
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name Ben Nelson	Category/ Type	1000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

B. Friends of Jim Inhofe		Date of Disbursement
Mailing Address 406 VIRGINIA AVENUE		09 / 18 / 2008
City ALEXANDRIA	State VA	Zip Code 22302
Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name Jim Inhofe	Category/ Type	1000.00
Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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:		

C. Friends of Bennie Thompson		Date of Disbursement
Mailing Address 236 MASSACHUSETTS AVENUE, NE#508		09 / 22 / 2008
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement CAMPAIGN CONTRIBUTION	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name Bennie Thompson	Category/ Type	5000.00
Office Sought: <input checked="" 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).....▶

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

7000.00

28039863466

**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

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (In Full)

**TRANSPORTATION INTERMEDIARIES ASSOCIATION - TIAPAC**

Full Name (Last, First, Middle Initial)

**A. WICKER FOR SENATE**

Mailing Address

**104 E. HUME AVENUE**

City

**ALEXANDRIA**

State

**VA**

Zip Code

**22301**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**ROGER WICKER**

Category/  
Type

Date of Disbursement

**08 / 27 / 2008**

Amount of Each Disbursement this Period

**1000.00**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. WICKER FOR SENATE**

Mailing Address

**P.O. BOX 64**

City

**JACKSON**

State

**MS**

Zip Code

**39205**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**ROGER WICKER**

Category/  
Type

Date of Disbursement

**09 / 24 / 2008**

Amount of Each Disbursement this Period

**250.00**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. HONDA FOR CONGRESS**

Mailing Address

**625 3RD ST. NE Suite #2**

City

**WASHINGTON**

State

**DC**

Zip Code

**20002**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**MIKE HONDA**

Category/  
Type

Date of Disbursement

**09 / 24 / 2008**

Amount of Each Disbursement this Period

**500.00**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

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

**1750.00**

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

**1750.00**

28039863467

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**TRANSPORTATION INTERMEDIARIES ASSOCIATION - TIAPAC**

Full Name (Last, First, Middle Initial)

A. **Solis for Congress**

Mailing Address

**6380 Wilshire Blvd Suite 612**

City

**Los Angeles**

State

**CA**

Zip Code

**90048**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**HILDA SOLIS**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**09 / 24 / 2008**

Amount of Each Disbursement this Period

**1,000.00**

B. **NAPOLITANO for Congress**

Mailing Address

**P.O. Box 409**

City

**NORWALK**

State

**CA**

Zip Code

**90651-0408**

Purpose of Disbursement

**CAMPAIGN CONTRIBUTION**

Candidate Name

**GRACE NAPOLITANO**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**09 / 24 / 2008**

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) ▼

State:

District:

Date of Disbursement

**/  /**

Amount of Each Disbursement this Period

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

**1,500.00**

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

**2,130.00**

28039863468

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

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE	OF
	(check only one)			
<input 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	

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NAME OF COMMITTEE (In Full)  
**TRANSPORTATION INTERMEDIARIES ASSOCIATION - TIAPAC**

**A.** Full Name (Last, First, Middle Initial)  
**QUIGLEY, BRUCE**

Mailing Address  
**829 GRAVES STREET**

City **KERNERSVILLE** State **NC** Zip Code **27284**

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

Name of Employer **REICH LOGISTICS** Occupation **MANAGER**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50000**

Date of Receipt  
**07 / 18 / 2008**

Amount of Each Receipt this Period  
**50000**

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

Mailing Address  
**11128 MANORVIEW Circle**

City **DALLAS** State **TX** Zip Code **75228**

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

Name of Employer **CARLO-MASTER** Occupation **PRESIDENT**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
**08 / 03 / 2008**

Amount of Each Receipt this Period  
**50000**

**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).....▶ **100000**

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

28039863459

**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 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**

**A.** Full Name (Last, First, Middle Initial)  
**HARRISON, WISTER**

Mailing Address  
**PO BOX 2227**

City **SOUTHERN PINES** State **NC** Zip Code **28389**

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

Name of Employer **RED RIVER TRANSPORTATION** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**25000**

Date of Receipt  
**08 / 21 / 2008**

Amount of Each Receipt this Period  
**25000**

**B.** Full Name (Last, First, Middle Initial)  
**SEVIGNY, STEFANO**

Mailing Address  
**3863 SUMAC COURT**

City **FALLBROOK** State **CA** Zip Code **92028**

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

Name of Employer **DTI INTERNATIONAL** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**25000**

Date of Receipt  
**08 / 28 / 2008**

Amount of Each Receipt this Period  
**25000**

**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)..... **50000**

**TOTAL** This Period (last page this line number only)..... **150000**

28039863470

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt  
10/15/2008

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office. Date of Receipt

Other (Specify): Date of Receipt or Postmarked

PREPARER PY 10/15/2008  
 (3/2005) DATE PREPARED

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