

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
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

ADDRESS (number and street) 1101 30TH STREET NW SUITE 300
 Check if different than previously reported. (ACC)
WASHINGTON DC 20007

2. **FEC IDENTIFICATION NUMBER** C00236778
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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2007 through 12 31 2007

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 Mr. Paul D. Cullen, Jr.
Signature of Treasurer Electronically Filed by Mr. Paul D. Cullen, Jr. Date 01 31 2008

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)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		195363.46
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	148140.03									
(c) Total Receipts (from Line 19)	76957.20	151907.90								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	225097.23	347271.36								
7. Total Disbursements (from Line 31)	93303.73	215477.86								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	131793.50	131793.50								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	9435.06	16910.06
(i) Itemized (use Schedule A)	64619.29	131487.43
(ii) Unitemized	74054.35	148397.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	74054.35	148397.49
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	147.37
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	2902.85	3363.04
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	76957.20	151907.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	76957.20	151907.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	303.73	477.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	303.73	477.86
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	93000.00	215000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	93303.73	215477.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	93303.73	215477.86

DETAILED SUMMARY PAGE
of Disbursements

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	74054.35	148397.49
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74054.35	148397.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	303.73	477.86
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	147.37
38. Net Operating Expenditures (subtract Line 37 from Line 36)	303.73	330.49

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) L TERRY BARBEROUSSE		Date of Receipt
	Mailing Address 815 W E ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 11 / 2007
	City	State	Zip Code
	JENKS	OK	74037-2702
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32452
Name of Employer Self-employed		Occupation	Amount of Each Receipt this Period
Self-employed		Owner-Operator	<input type="text"/> 100.00
Receipt For: 2007		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 300.00	
<input checked="" type="checkbox"/> Other (specify) ▼ Other			

B.	Full Name (Last, First, Middle Initial) KENNETH BECKER		Date of Receipt
	Mailing Address 2764 SHAMROCK CIR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 28 / 2007
	City	State	Zip Code
	MONTGOMERY	TX	77316-4603
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33148
Name of Employer Self-employed		Occupation	Amount of Each Receipt this Period
Self-employed		Owner-Operator	<input type="text"/> 300.00
Receipt For: 2007		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 800.00	
<input checked="" type="checkbox"/> Other (specify) ▼ Other			

C.	Full Name (Last, First, Middle Initial) KENNETH BECKER		Date of Receipt
	Mailing Address 2764 SHAMROCK CIR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 10 / 17 / 2007
	City	State	Zip Code
	MONTGOMERY	TX	77316-4603
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33289
Name of Employer Self-employed		Occupation	Amount of Each Receipt this Period
Self-employed		Owner-Operator	<input type="text"/> 200.00
Receipt For: 2007		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 1000.00	
<input checked="" type="checkbox"/> Other (specify) ▼ Other			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 48
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A. Full Name (Last, First, Middle Initial)
A ROY BERGVIK, SR
 Mailing Address **2734 133RD ST**
 City **NEW SHARON** State **IA** Zip Code **50207-8016**
 Date of Receipt MM / DD / YYYY
09 / 06 / 2007
Transaction ID: SA11AI.31776
 Amount of Each Receipt this Period 100.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self-employed **Owner-Operator**
 Receipt For: 2007
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 250.00

B. Full Name (Last, First, Middle Initial)
GENE BILEY
 Mailing Address **1617 ORANGE AVE**
 City **PRESCOTT** State **IA** Zip Code **50859-8024**
 Date of Receipt MM / DD / YYYY
09 / 04 / 2007
Transaction ID: SA11AI.31861
 Amount of Each Receipt this Period 200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self-employed **Owner-Operator**
 Receipt For: 2007
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 400.00

C. Full Name (Last, First, Middle Initial)
C GORDON BOW
 Mailing Address **7483 S PEARL RD**
 City **OAKFIELD** State **NY** Zip Code **14125-9782**
 Date of Receipt MM / DD / YYYY
09 / 07 / 2007
Transaction ID: SA11AI.32256
 Amount of Each Receipt this Period 200.00
 FEC ID number of contributing federal political committee. C
 Name of Employer Self-employed **Owner-Operator**
 Receipt For: 2007
 Primary General
 Other (specify) Other
 Aggregate Year-to-Date 400.00

SUBTOTAL of Receipts This Page (optional) 500.00
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 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) L TERRY BUTTON		Date of Receipt MM / DD / YYYY 10 / 08 / 2007		
	Mailing Address PO BOX 223		Transaction ID: SA11AI.33225		
	City RUSHVILLE	State NY	Zip Code 14544-0223	Amount of Each Receipt this Period 250.06	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-employed Occupation Owner-Operator		Aggregate Year-to-Date 500.06		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other					

B.	Full Name (Last, First, Middle Initial) D GORDON CHURCH		Date of Receipt MM / DD / YYYY 11 / 15 / 2007		
	Mailing Address PO BOX 212		Transaction ID: SA11AI.33401		
	City ALMA	State MI	Zip Code 48801-0212	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-employed Occupation Owner-Operator		Aggregate Year-to-Date 250.00		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other					

C.	Full Name (Last, First, Middle Initial) L GREGORY CRAWFORD, SR		Date of Receipt MM / DD / YYYY 09 / 19 / 2007		
	Mailing Address 139 FOXBURY DR		Transaction ID: SA11AI.32930		
	City ELIZABETHTOWN	State PA	Zip Code 17022-1763	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-employed Occupation Owner-Operator		Aggregate Year-to-Date 270.00		
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other					

SUBTOTAL of Receipts This Page (optional)	700.06
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 9 / 48
	<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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) STEVE DAVIS		Date of Receipt
	Mailing Address 10 ROCKDALE AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 13 / 2007
	City	State	Zip Code
	SALEM	MA	01970-1049
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32583
Name of Employer Self-employed		Occupation	Amount of Each Receipt this Period
Self-employed		Owner-Operator	<input type="text"/> 200.00
Receipt For: 2007		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input checked="" type="checkbox"/> Other (specify) ▼ Other			

B.	Full Name (Last, First, Middle Initial) DEAN DREHER		Date of Receipt
	Mailing Address 2108 GLEN ARBOR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 06 / 2007
	City	State	Zip Code
	TOLEDO	OH	43614-3209
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32168
Name of Employer Self-employed		Occupation	Amount of Each Receipt this Period
Self-employed		Owner-Operator	<input type="text"/> 200.00
Receipt For: 2007		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 270.00	
<input checked="" type="checkbox"/> Other (specify) ▼ Other			

C.	Full Name (Last, First, Middle Initial) R WILLIAM EAST		Date of Receipt
	Mailing Address 206 JEFFERSON CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 11 / 2007
	City	State	Zip Code
	QUAKERTOWN	PA	18951-1418
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32606
Name of Employer Self-employed		Occupation	Amount of Each Receipt this Period
Self-employed		Owner-Operator	<input type="text"/> 250.00
Receipt For: 2007		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 400.00	
<input checked="" type="checkbox"/> Other (specify) ▼ Other			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 650.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 10 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) R MARK ELROD		Date of Receipt
	Mailing Address 3037 N 550 E		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 0 8 / 2 0 0 7
	City PERU	State IN	Zip Code 46970-8445
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33214
Name of Employer Self-employed		Occupation Owner-Operator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date	<input type="text"/> 200.00
		<input type="text"/> 300.00	

B.	Full Name (Last, First, Middle Initial) E ROBERT ESLER		Date of Receipt
	Mailing Address 22122 MARY ST		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 0 / 2 5 / 2 0 0 7
	City TAYLOR	State MI	Zip Code 48180-2754
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.33328
Name of Employer Self-employed		Occupation Owner-Operator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date	<input type="text"/> 200.00
		<input type="text"/> 325.00	

C.	Full Name (Last, First, Middle Initial) LARRY FREISE		Date of Receipt
	Mailing Address 42420 MAYBERRY AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 9 / 1 0 / 2 0 0 7
	City HEMET	State CA	Zip Code 92544-6593
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.32286
Name of Employer Self-employed		Occupation Owner-Operator	Amount of Each Receipt this Period
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date	<input type="text"/> 200.00
		<input type="text"/> 400.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 600.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 48
(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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.

Full Name (Last, First, Middle Initial)
G NORMAN GERHART

Mailing Address 36 CRYSTAL DR

City State Zip Code
MANHEIM PA 17545

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

Name of Employer Self-employed Occupation
Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	8	/	2	0	0	7

Transaction ID: SA11AI.32843

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
B DONALD GORE, II

Mailing Address PO BOX 338

City State Zip Code
SWANTON OH 43558-0338

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

Name of Employer Self-employed Occupation
Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	7	/	2	0	0	7

Transaction ID: SA11AI.33470

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
E ROBERT HARBAUGH

Mailing Address 18303 85TH AVENUE CT E

City State Zip Code
PUYALLUP WA 98375-9786

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

Name of Employer Self-employed Occupation
Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	7	/	2	0	0	7

Transaction ID: SA11AI.32601

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶ **700.00**

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 12 / 48
	<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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) E SERGE HENRY		Date of Receipt MM / DD / YYYY 09 / 07 / 2007		
	Mailing Address 1224 S K ST		Transaction ID: SA11AI.32543		
	City ELWOOD	State IN	Zip Code 46036	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-employed Occupation Owner-Operator				
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 400.00			

B.	Full Name (Last, First, Middle Initial) H GREGG HOFFMAN		Date of Receipt MM / DD / YYYY 12 / 11 / 2007		
	Mailing Address 542 FIVE POINTS RICHMOND RD		Transaction ID: SA11AI.33459		
	City BANGOR	State PA	Zip Code 18013	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-employed Occupation Owner-Operator				
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 250.00			

C.	Full Name (Last, First, Middle Initial) T CHRISTINE HOWCROFT		Date of Receipt MM / DD / YYYY 09 / 04 / 2007		
	Mailing Address 155 FIRE TOWER RD		Transaction ID: SA11AI.31781		
	City SOMERVILLE	State TN	Zip Code 38068-5407	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-employed Occupation Owner-Operator				
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 250.00			

SUBTOTAL of Receipts This Page (optional)	500.00
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 13 / 48
(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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.

Full Name (Last, First, Middle Initial)
T PAUL JOHNSON

Mailing Address 604 WILDROSE ST

City State Zip Code
LONE STAR TX 75668

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

Name of Employer Self-employed Occupation
Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 400.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 21 / 2007

Transaction ID: SA11AI.33041

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
E ELDON KERKMAN

Mailing Address 1402 C AVE

City State Zip Code
VINTON IA 52349-1528

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

Name of Employer Self-employed Occupation
Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 270.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 01 / 2007

Transaction ID: SA11AI.33195

Amount of Each Receipt this Period
70.00

C.

Full Name (Last, First, Middle Initial)
GARY LITTLE

Mailing Address 13 REINKE RD

City State Zip Code
ELLISVILLE MO 63021-4734

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

Name of Employer Self-employed Occupation
Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 24 / 2007

Transaction ID: SA11AI.33040

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) **370.00**

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 14 / 48
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.

Full Name (Last, First, Middle Initial)
SUSAN LYNCH

Mailing Address 1427 S 17TH ST

City PRAIRIE DU CHIEN State WI Zip Code 53821-2907

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

Name of Employer Self-employed Occupation Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 300.00

Date of Receipt 10 / 08 / 2007
Transaction ID: SA11AI.33244
Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
C STANLEY MARSH

Mailing Address 105 E 1ST PO BOX 98

City EARLHAM State IA Zip Code 50072-0098

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

Name of Employer Self-employed Occupation Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 450.00

Date of Receipt 09 / 04 / 2007
Transaction ID: SA11AI.31962
Amount of Each Receipt this Period 300.00

C.

Full Name (Last, First, Middle Initial)
C JIM MATHEWS

Mailing Address 3791 E 18TH ST

City GREELEY State CO Zip Code 80631

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

Name of Employer Self-employed Occupation Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 300.00

Date of Receipt 10 / 09 / 2007
Transaction ID: SA11AI.33222
Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) **700.00**

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 15 / 48
	<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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) L RANDY NEWTON	Date of Receipt M M / D D / Y Y Y Y Y 09 / 04 / 2007
	Mailing Address 3352 LINCOLN WAY E	Transaction ID: SA11AI.31780
	City State Zip Code FAYETTEVILLE PA 17222-1154	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-employed Occupation Self-employed Owner-Operator	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 300.00	

B.	Full Name (Last, First, Middle Initial) E FRANK OWEN	Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2007
	Mailing Address 333 OLD MILL CREEK DR	Transaction ID: SA11AI.33217
	City State Zip Code WACO TX 76712	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-employed Occupation Self-employed Owner-Operator	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 225.00	

C.	Full Name (Last, First, Middle Initial) L WILLIAM PARTHUN	Date of Receipt M M / D D / Y Y Y Y Y 10 / 08 / 2007
	Mailing Address 3609 S ROLLING OAKS DR	Transaction ID: SA11AI.33239
	City State Zip Code TULSA OK 74107-4812	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-employed Occupation Self-employed Owner-Operator	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other	Aggregate Year-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional)	475.00
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 16 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) LARRY PHIFER	Date of Receipt MM / DD / YYYY 07 / 24 / 2007
	Mailing Address PO BOX 20185	Transaction ID: SA11AI.31615
	City State Zip Code HOT SPRINGS AR 71903-0185	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-employed Occupation Owner-Operator	Aggregate Year-to-Date 300.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		

B.	Full Name (Last, First, Middle Initial) L WILLIAM PUGH	Date of Receipt MM / DD / YYYY 10 / 08 / 2007
	Mailing Address 77525 FREEPORT TIPPECANOE RD	Transaction ID: SA11AI.33249
	City State Zip Code FREEPORT OH 43973-9008	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-employed Occupation Owner-Operator	Aggregate Year-to-Date 225.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		

C.	Full Name (Last, First, Middle Initial) F WILLIAM RANDOLPH	Date of Receipt MM / DD / YYYY 07 / 19 / 2007
	Mailing Address 5390 OAK LEAF CIR	Transaction ID: SA11AI.31563
	City State Zip Code PLACERVILLE CA 95667-9510	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-employed Occupation Owner-Operator	Aggregate Year-to-Date 400.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		

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: (check only one)	PAGE 17 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.

Full Name (Last, First, Middle Initial)
A STEPHEN REYES

Mailing Address PO BOX 30451

City Belmont Shore State CA Zip Code 90853

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

Name of Employer Self-employed Occupation Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 400.00

Date of Receipt 09 / 20 / 2007
Transaction ID: SA11AI.32886
 Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
E WARREN RILEY, II

Mailing Address 74 N 700 W

City VALPARAISO State IN Zip Code 46385-9225

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

Name of Employer Self-employed Occupation Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 225.00

Date of Receipt 11 / 29 / 2007
Transaction ID: SA11AI.33418
 Amount of Each Receipt this Period 200.00

C.

Full Name (Last, First, Middle Initial)
RAY DANNY SCHNAUTZ

Mailing Address PO BOX 5546

City PASADENA State TX Zip Code 77508-5250

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

Name of Employer Self-employed Occupation Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 250.00

Date of Receipt 09 / 06 / 2007
Transaction ID: SA11AI.31833
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) **650.00**

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 18 / 48
	<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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) C PAUL SEVCIK		Date of Receipt MM / DD / YYYY 09 / 19 / 2007
	Mailing Address E4414 STATE HWY 29		Transaction ID: SA11AI.32807
	City KEWAUNEE	State WI	Zip Code 54216-9123
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
	Name of Employer Self-employed	Occupation Owner-Operator	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 400.00	

B.	Full Name (Last, First, Middle Initial) D TIMOTHY SIDES		Date of Receipt MM / DD / YYYY 09 / 07 / 2007
	Mailing Address 8451 80TH ST		Transaction ID: SA11AI.32691
	City NOBLE	State OK	Zip Code 73068-9709
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
	Name of Employer Self-employed	Occupation Owner-Operator	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 300.00	

C.	Full Name (Last, First, Middle Initial) CHARLES GARY STRIGGOW		Date of Receipt MM / DD / YYYY 09 / 04 / 2007
	Mailing Address 1371 KIRK ST		Transaction ID: SA11AI.31818
	City TOLEDO	State OH	Zip Code 43614-5243
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 70.00
	Name of Employer Self-employed	Occupation Owner-Operator	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		Aggregate Year-to-Date 270.00	

SUBTOTAL of Receipts This Page (optional)	370.00
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 19 / 48
(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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.

Full Name (Last, First, Middle Initial)
L DAVID STUMP

Mailing Address 101 E MAIN ST
PO BOX 65

City NEWBURG State PA Zip Code 17240-0065

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

Name of Employer Self-employed Occupation Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 250.00

Date of Receipt 09 / 17 / 2007
Transaction ID: SA11AI.32836
Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
L LARRY SUTHERLIN

Mailing Address 8418 S STATE RD 39

City CLAYTON State IN Zip Code 46118-9179

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

Name of Employer Self-employed Occupation Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 400.00

Date of Receipt 09 / 14 / 2007
Transaction ID: SA11AI.32811
Amount of Each Receipt this Period 200.00

C.

Full Name (Last, First, Middle Initial)
C JOHN TAYLOR

Mailing Address 1616 COLLINSVILLE RD

City CROSS JUNCTION State VA Zip Code 22625-2116

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

Name of Employer Self-employed Occupation Owner-Operator

Receipt For: 2007
 Primary General
 Other (specify) Other

Aggregate Year-to-Date 250.00

Date of Receipt 10 / 11 / 2007
Transaction ID: SA11AI.33229
Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) **550.00**

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 20 / 48
	<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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) J CHRISTOPHER URSO		Date of Receipt MM / DD / YYYY 10 / 04 / 2007		
	Mailing Address 148 LIMERIDGE RD		Transaction ID: SA11AI.33152		
	City POUGHQUAG	State NY	Zip Code 12570	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-employed Occupation Owner-Operator		Aggregate Year-to-Date 300.00		

B.	Full Name (Last, First, Middle Initial) J MILES VERHOEF, V		Date of Receipt MM / DD / YYYY 08 / 02 / 2007		
	Mailing Address 724 1/2 N GLENDALE AVE		Transaction ID: SA11AI.31650		
	City TOMAH	State WI	Zip Code 54660	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-employed Occupation Owner-Operator		Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) T MICHAEL WALL		Date of Receipt MM / DD / YYYY 12 / 04 / 2007		
	Mailing Address 30 1ST TAVERN RD		Transaction ID: SA11AI.33443		
	City JAFFREY	State NH	Zip Code 03452-5102	Amount of Each Receipt this Period 200.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-employed Occupation Owner-Operator		Aggregate Year-to-Date 212.00		

SUBTOTAL of Receipts This Page (optional)	750.00
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 21 / 48
	<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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) JEFFERSON WALTHRUS	Date of Receipt MM / DD / YYYY 10 / 05 / 2007
	Mailing Address 213 MARION ST APT 3L	Transaction ID: SA11AI.33251
	City State Zip Code BROOKLYN NY 11233-2364	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-employed Occupation Owner-Operator	Aggregate Year-to-Date 210.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		

B.	Full Name (Last, First, Middle Initial) LARRY WICHMAN	Date of Receipt MM / DD / YYYY 09 / 27 / 2007
	Mailing Address PO BOX 99	Transaction ID: SA11AI.33027
	City State Zip Code BEAVER CROSSING NE 68313-0099	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-employed Occupation Owner-Operator	Aggregate Year-to-Date 400.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		

C.	Full Name (Last, First, Middle Initial) LELAND WILKINS	Date of Receipt MM / DD / YYYY 10 / 08 / 2007
	Mailing Address 10777 S GRAHAM RD	Transaction ID: SA11AI.33219
	City State Zip Code SAINT CHARLES MI 48655-9506	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Self-employed Occupation Owner-Operator	Aggregate Year-to-Date 400.00	
Receipt For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Other		

SUBTOTAL of Receipts This Page (optional)	520.00
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 22 / 48	
	(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"/> 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)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) R STEVEN WOLFE		Date of Receipt	
	Mailing Address 1621 EMMA ST		M M / D D / Y Y Y Y 09 / 07 / 2007	
	City	State	Zip Code	Transaction ID: SA11AI.32683
	JACKSON	MI	49203-3460	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	200.00
Name of Employer Self-employed		Occupation Owner-Operator		
Receipt For: 2007		Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General		230.00		
<input checked="" type="checkbox"/> Other (specify) ▼ Other				

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	9435.06

**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 23 / 48
	<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 checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) PNC Bank		Date of Receipt
	Mailing Address PO Box 609		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Pittsburgh	PA	15230-9738
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.31248
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1070.22"/>	<input type="text" value="462.66"/>
			Bank Interest Earned

B.	Full Name (Last, First, Middle Initial) PNC Bank		Date of Receipt
	Mailing Address PO Box 609		<input type="text" value="08"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Pittsburgh	PA	15230-9738
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.31249
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1542.17"/>	<input type="text" value="471.95"/>
			Bank Interest Earned

C.	Full Name (Last, First, Middle Initial) PNC Bank		Date of Receipt
	Mailing Address PO Box 609		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Pittsburgh	PA	15230-9738
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer		Occupation	Transaction ID: SA17.31250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1978.79"/>	<input type="text" value="436.62"/>
			Bank Interest Earned

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1371.23"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 48
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A. Full Name (Last, First, Middle Initial)
PNC Bank

Mailing Address PO Box 609

City State Zip Code
Pittsburgh PA 15230-9738

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2567.67

Date of Receipt
MM / DD / YYYY
10 / 31 / 2007

Transaction ID: SA17.31251

Amount of Each Receipt this Period
588.88

Bank Interest Earned

B. Full Name (Last, First, Middle Initial)
PNC Bank

Mailing Address PO Box 609

City State Zip Code
Pittsburgh PA 15230-9738

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3061.68

Date of Receipt
MM / DD / YYYY
11 / 30 / 2007

Transaction ID: SA17.31252

Amount of Each Receipt this Period
494.01

Bank Interest Earned

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

Mailing Address PO Box 609

City State Zip Code
Pittsburgh PA 15230-9738

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3510.41

Date of Receipt
MM / DD / YYYY
12 / 31 / 2007

Transaction ID: SA17.31253

Amount of Each Receipt this Period
448.73

Bank Interest Earned

SUBTOTAL of Receipts This Page (optional) ► **1531.62**

TOTAL This Period (last page this line number only) ► **2902.85**

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB21B.31241 Date of Disbursement 07 / 31 / 2007
	Mailing Address PO Box 609	
	City Pittsburgh State PA Zip Code 15230-9738	Amount of Each Disbursement this Period 52.55
	Purpose of Disbursement Bank Service Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB21B.31242 Date of Disbursement 08 / 31 / 2007
	Mailing Address PO Box 609	
	City Pittsburgh State PA Zip Code 15230-9738	Amount of Each Disbursement this Period 50.40
	Purpose of Disbursement Bank Service Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB21B.31243 Date of Disbursement 09 / 30 / 2007
	Mailing Address PO Box 609	
	City Pittsburgh State PA Zip Code 15230-9738	Amount of Each Disbursement this Period 49.60
	Purpose of Disbursement Bank Service Charges	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	152.55
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)

<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 type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB21B.31244 Date of Disbursement
	Mailing Address PO Box 609	<input type="text" value="10"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Pittsburgh State PA Zip Code 15230-9738	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="47.66"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB21B.31246 Date of Disbursement
	Mailing Address PO Box 609	<input type="text" value="11"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Pittsburgh State PA Zip Code 15230-9738	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="51.04"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PNC Bank	Transaction ID: SB21B.31247 Date of Disbursement
	Mailing Address PO Box 609	<input type="text" value="12"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City Pittsburgh State PA Zip Code 15230-9738	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charges	<input type="text" value="52.48"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
	State: District:	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="151.18"/>
TOTAL This Period (last page this line number only)	<input type="text" value="303.73"/>

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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ARCURI FOR CONGRESS</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name MICHAEL A ARCURI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33488</p> <p>Date of Disbursement 12 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BENNETT ELECTION COMMITTEE INC</p> <p>Mailing Address 175 SOUTH WEST TEMPLE SUITE 650</p> <p>City SALT LAKE CITY State UT Zip Code 84101</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name ROBERT F BENNETT</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31292</p> <p>Date of Disbursement 11 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS</p> <p>Mailing Address PO Box 27</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name WILLIAM F SHUSTER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31293</p> <p>Date of Disbursement 08 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A. Full Name (Last, First, Middle Initial) BILL SHUSTER FOR CONGRESS <hr/> Mailing Address PO Box 27 <hr/> City Holidaysburg State PA Zip Code 16648 Purpose of Disbursement Contribution Candidate Name WILLIAM F SHUSTER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.31294 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2007
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BOOZMAN FOR CONGRESS <hr/> Mailing Address PO BOX 671 <hr/> City ROGERS State AR Zip Code 72757 Purpose of Disbursement Contribution Candidate Name JOHN NICHOLS BOOZMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.31333 Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS <hr/> Mailing Address PO Box 6220 <hr/> City Des Moines State IA Zip Code 50309 Purpose of Disbursement Contribution Candidate Name LEONARD L. BOSWELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.31295 Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2007
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS	Transaction ID: SB23.31538 Date of Disbursement 12 / 07 / 2007
	Mailing Address PO Box 390	Amount of Each Disbursement this Period 1000.00
	City Waterloo State IA Zip Code 50704	
	Purpose of Disbursement Contribution Candidate Name BRUCE L BRALEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) BRALEY FOR CONGRESS	Transaction ID: SB23.31542 Date of Disbursement 12 / 20 / 2007
	Mailing Address PO Box 390	Amount of Each Disbursement this Period 1000.00
	City Waterloo State IA Zip Code 50704	
	Purpose of Disbursement Contribution Candidate Name BRUCE L BRALEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) CARNAHAN IN CONGRESS	Transaction ID: SB23.31367 Date of Disbursement 10 / 18 / 2007
	Mailing Address 7370 Manchester Rd STE 20	Amount of Each Disbursement this Period 2500.00
	City St. Louis State MO Zip Code 63143	
	Purpose of Disbursement Contribution Candidate Name RUSS CARNAHAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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 30 / 48

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.

Full Name (Last, First, Middle Initial)
CARNEY FOR CONGRESS

Transaction ID: SB23.31298
Date of Disbursement

Mailing Address P.O. Box A

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	7

City State Zip Code
Clarks Summit PA 18411

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

--

Candidate Name
CHRISTOPHER CARNEY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: PA District: 10

B.

Full Name (Last, First, Middle Initial)
CITIZENS FOR ARLEN SPECTER

Transaction ID: SB23.31301
Date of Disbursement

Mailing Address 255 SOUTH 17TH STREET

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	7

City State Zip Code
PHILADELPHIA PA 19103

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution

011

Candidate Name
ARLEN SPECTER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 00

C.

Full Name (Last, First, Middle Initial)
COLEMAN FOR SENATE 08

Transaction ID: SB23.31302
Date of Disbursement

Mailing Address 680 TRANSFER ROAD, SUITE A

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	7

City State Zip Code
SAINT PAUL MN 55114

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution

011

Candidate Name
NORM COLEMAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MN District: 00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

<p>A. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT LORETTA SANCHEZ</p> <p>Mailing Address 1212 S Victory Bl Suite 211</p> <p>City Burbank State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name LORETTA SANCHEZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 47</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31303</p> <p>Date of Disbursement 07 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS</p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name NYDIA M VELAZQUEZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31304</p> <p>Date of Disbursement 07 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE</p> <p>Mailing Address 120 MARYLAND AVENUE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31273</p> <p>Date of Disbursement 07 / 03 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

7000.00

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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) DONALD A. MANZULLO FOR CONGRESS	Transaction ID: SB23.31555 Date of Disbursement 10 / 03 / 2007	
	Mailing Address PO Box 7783 PO Box 7783		Amount of Each Disbursement this Period 1000.00
	City Rockford State IL Zip Code 61126		
	Purpose of Disbursement Contribution Candidate Name DONALD A. MANZULLO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 16 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
B.	Full Name (Last, First, Middle Initial) DUNCAN FOR CONGRESS	Transaction ID: SB23.31305 Date of Disbursement 11 / 02 / 2007	
	Mailing Address PO BOX 2646		Amount of Each Disbursement this Period 1000.00
	City KNOXVILLE State TN Zip Code 37901		
	Purpose of Disbursement Contribution Candidate Name JOHN REP. JR. DUNCAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	
C.	Full Name (Last, First, Middle Initial) FRIENDS OF BARBARA BOXER	Transaction ID: SB23.31308 Date of Disbursement 10 / 03 / 2007	
	Mailing Address PO BOX 641751		Amount of Each Disbursement this Period 1000.00
	City LOS ANGELES State CA Zip Code 90064		
	Purpose of Disbursement Contribution Candidate Name BARBARA BOXER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional)	3000.00
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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF BENNIE THOMPSON</p> <p>Mailing Address P.O. Box 100 P.O. Box 100</p> <p>City Bolton State MS Zip Code 39041</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name BENNIE G THOMPSON Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2008 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼</p> <p>State: MS District: 02</p>	<p>Transaction ID: SB23.31310 Date of Disbursement 11 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRIENDS OF CONGRESSMAN TIM HOLDEN</p> <p>Mailing Address 18 N. SECOND STREET PO BOX 37 PO BOX 37</p> <p>City SAINT CLAIR State PA Zip Code 17970</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name T. TIMOTHY HOLDEN Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2008 <input type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼</p> <p>State: PA District: 17</p>	<p>Transaction ID: SB23.31314 Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH</p> <p>Mailing Address 228 S WASHINGTON STE 115</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/></p> <p>Candidate Name GORDON HAROLD SMITH Category/Type <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House Disbursement For: 2008 <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼</p> <p>State: OR District: 00</p>	<p>Transaction ID: SB23.31315 Date of Disbursement 09 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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)

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<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH	Transaction ID: SB23.31316 Date of Disbursement 09 / 21 / 2007
	Mailing Address 228 S WASHINGTON STE 115	Amount of Each Disbursement this Period 500.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement Contribution Candidate Name GORDON HAROLD SMITH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN	Transaction ID: SB23.31317 Date of Disbursement 10 / 03 / 2007
	Mailing Address PO Box 12567	Amount of Each Disbursement this Period 2000.00
	City Columbia State SC Zip Code 29211	
	Purpose of Disbursement Contribution Candidate Name JAMES E CLYBURN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM OBERSTAR	Transaction ID: SB23.31319 Date of Disbursement 10 / 03 / 2007
	Mailing Address 1017 8th St NE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name JAMES L HON. OBERSTAR Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN PETERSON	Transaction ID: SB23.31320 Date of Disbursement 09 / 20 / 2007	
	Mailing Address 114 W. State Street PO BOX 295		
	City Pleasantville State PA Zip Code 16341	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name JOHN MR. PETERSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN PETERSON	Transaction ID: SB23.31322 Date of Disbursement 10 / 18 / 2007	
	Mailing Address 114 W. State Street PO BOX 295		
	City Pleasantville State PA Zip Code 16341	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name JOHN MR. PETERSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN PETERSON	Transaction ID: SB23.31323 Date of Disbursement 11 / 16 / 2007	
	Mailing Address 114 W. State Street PO BOX 295		
	City Pleasantville State PA Zip Code 16341	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution Candidate Name JOHN MR. PETERSON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER:
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<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A. Full Name (Last, First, Middle Initial)
FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187
Suite 800

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
Contribution

Candidate Name
SHERROD BROWN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.31324

Date of Disbursement

11 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
GARY MILLER FOR CONGRESS

Mailing Address 721 S BREA CANYON ROAD SUITE 7

City DIAMOND BAR State CA Zip Code 91789

Purpose of Disbursement
Contribution

Candidate Name
GARY G HON. MILLER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 42

Transaction ID: SB23.31325

Date of Disbursement

09 / 20 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
GILCHREST FOR CONGRESS

Mailing Address P.O. Box 644

City Chestertown State MD Zip Code 21620

Purpose of Disbursement
Contribution

Candidate Name
WAYNE T GILCHREST

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MD District: 01

Transaction ID: SB23.31326

Date of Disbursement

12 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS	Transaction ID: SB23.31332 Date of Disbursement 11 / 12 / 2007	
	Mailing Address 7905 MALCOLM ROAD SUITE 102		
	City CLINTON State MD Zip Code 20735	Amount of Each Disbursement this Period	2500.00
	Purpose of Disbursement Contribution		
	Candidate Name STENY HAMILTON HOYER	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: MD District: 05	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) JOHN KERRY FOR SENATE	Transaction ID: SB23.31334 Date of Disbursement 11 / 12 / 2007	
	Mailing Address 10 G STREET NE SUITE 710		
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution		
	Candidate Name JOHN FORBES KERRY	Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: MA District: 00	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: SB23.31336 Date of Disbursement 11 / 12 / 2007	
	Mailing Address 100 W. College Ave. 50 D		
	City Appleton State WI Zip Code 54911	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution		
	Candidate Name STEVEN L KAGEN	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: WI District: 08	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

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(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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

<p>A. Full Name (Last, First, Middle Initial) KUHL FOR CONGRESS</p> <p>Mailing Address 10 GANESVOORT STREET SUITE 101</p> <p>City BATH State NY Zip Code 14810</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JOHN KUHL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31342</p> <p>Date of Disbursement 10 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS COMMITTEE</p> <p>Mailing Address 320 Kenarden Dr.</p> <p>City Highland Hts. State OH Zip Code 44143</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name STEVEN C LATOURETTE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31343</p> <p>Date of Disbursement 09 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS COMMITTEE</p> <p>Mailing Address 320 Kenarden Dr.</p> <p>City Highland Hts. State OH Zip Code 44143</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name STEVEN C LATOURETTE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31344</p> <p>Date of Disbursement 11 / 12 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) LAUTENBERG FOR SENATE	Transaction ID: SB23.31345 Date of Disbursement 09 / 28 / 2007	
	Mailing Address RIVERFRONT PLAZA STATION PO BOX 200596		
	City NEWARK State NJ Zip Code 07102	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement Contribution	Category/ Type	
	Candidate Name FRANK R LAUTENBERG		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) LOT OF PEOPLE FOR DAVE OBEY	Transaction ID: SB23.31549 Date of Disbursement 07 / 03 / 2007	
	Mailing Address 525 WASHINGTON ST PO BOX 1322		
	City WAUSAU State WI Zip Code 54402	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Contribution	Category/ Type	
	Candidate Name DAVID R OBEY		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) MARION BERRY FOR CONGRESS	Transaction ID: SB23.31351 Date of Disbursement 07 / 18 / 2007	
	Mailing Address P.O. BOX 8084 P.O. BOX 8084		
	City JONESBORO State AR Zip Code 72403	Amount of Each Disbursement this Period 1500.00	
	Purpose of Disbursement Contribution	Category/ Type	
	Candidate Name MARION BERRY		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS	Transaction ID: SB23.31352
	Mailing Address PO BOX 1738	Date of Disbursement MM / DD / YYYY 07 / 03 / 2007
	City SACRAMENTO State CA Zip Code 95812	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name DORIS MATSUI	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 05	

B.	Full Name (Last, First, Middle Initial) MCCASKILL FOR MISSOURI	Transaction ID: SB23.33610
	Mailing Address PO BOX 300077	Date of Disbursement MM / DD / YYYY 09 / 20 / 2007
	City ST LOUIS State MO Zip Code 63130	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Debt Retirement 2006	Category/ Type
	Candidate Name CLAIRE MCCASKILL	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MO District: 00	

C.	Full Name (Last, First, Middle Initial) MCCASKILL FOR MISSOURI 2012	Transaction ID: SB23.31355
	Mailing Address 607 14TH STREET NW SUITE 800	Date of Disbursement MM / DD / YYYY 10 / 18 / 2007
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution	Category/ Type
	Candidate Name CLAIRE MCCASKILL	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MO District: 00	

SUBTOTAL of Disbursements This Page (optional)	6000.00
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)

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<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) MESABI FUND, THE</p> <p>Mailing Address P.O. Box 77693</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.31368</p> <p>Date of Disbursement 09 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) MICA FOR CONGRESS</p> <p>Mailing Address P. O. Box 181546</p> <p>City Casselberry State FL Zip Code 32718</p> <p>Purpose of Disbursement Contribution Candidate Name JOHN L MR. MICA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33574</p> <p>Date of Disbursement 07 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) MICA FOR CONGRESS</p> <p>Mailing Address P. O. Box 181546</p> <p>City Casselberry State FL Zip Code 32718</p> <p>Purpose of Disbursement Contribution Candidate Name JOHN L MR. MICA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.33579</p> <p>Date of Disbursement 10 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) MISSOURIANS FOR KIT BOND	Transaction ID: SB23.31358 Date of Disbursement
	Mailing Address 21 N MERAMEC 2ND FLOOR	<input type="text" value="10"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City ST LOUIS State MO Zip Code 63105	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name CHRISTOPHER S BOND	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH	Transaction ID: SB23.33585 Date of Disbursement
	Mailing Address PO BOX 1940	<input type="text" value="10"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City ERIE State PA Zip Code 16507	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name PHILIP S. ENGLISH	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH	Transaction ID: SB23.33588 Date of Disbursement
	Mailing Address PO BOX 1940	<input type="text" value="12"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City ERIE State PA Zip Code 16507	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name PHILIP S. ENGLISH	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A. Full Name (Last, First, Middle Initial) REHBERG FOR CONGRESS <hr/> Mailing Address P.O. Box 1597 <hr/> City Helena State MT Zip Code 59624 <hr/> Purpose of Disbursement Contribution Candidate Name DENNIS R REHBERG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.33592 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 7
	Amount of Each Disbursement this Period 4000.00
	Category/Type []
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) REPUBLICAN FEDERAL COMMITTEE OF PENNSYLVANIA <hr/> Mailing Address 717 N SECOND STREET SUITE 900 <hr/> City HARRISBURG State PA Zip Code 17102 <hr/> Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.31364 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 7
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) REYNOLDS FOR CONGRESS <hr/> Mailing Address PO Box 15388 PITTSFORD <hr/> City Rochester State NY Zip Code 14615 <hr/> Purpose of Disbursement Contribution Candidate Name THOMAS M REYNOLDS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.33596 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
	Category/Type []
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) RON LEWIS FOR CONGRESS	Transaction ID: SB23.31558 Date of Disbursement 10 / 26 / 2007	
	Mailing Address PO Box 307		
	City Elizabethtown State KY Zip Code 42702	Amount of Each Disbursement this Period	2500.00
	Purpose of Disbursement Contribution		
	Candidate Name RON LEWIS	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007	
	State: KY District: 02	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) SALI FOR CONGRESS	Transaction ID: SB23.31533 Date of Disbursement 11 / 12 / 2007	
	Mailing Address PO Box 71		
	City KUNA State ID Zip Code 83634	Amount of Each Disbursement this Period	500.00
	Purpose of Disbursement Contribution		
	Candidate Name WILLIAM T. T SALI	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: ID District: 01	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) STEVE CHABOT FOR CONGRESS	Transaction ID: SB23.31552 Date of Disbursement 12 / 20 / 2007	
	Mailing Address 3339 Harrison Ave. 3014 Harrison Ave.		
	City Cincinnati State OH Zip Code 45211	Amount of Each Disbursement this Period	1000.00
	Purpose of Disbursement Contribution		
	Candidate Name STEVE CHABOT	Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008	
	State: OH District: 01	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A.	Full Name (Last, First, Middle Initial) TIAHRT FOR CONGRESS	Transaction ID: SB23.33600 Date of Disbursement
	Mailing Address 2250 N Rock Rd #118 A	<input type="text" value="10"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City State Zip Code Wichita KS 67226	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name TODD W. TIAHRT	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: KS District: 04	

B.	Full Name (Last, First, Middle Initial) TOGETHER FOR OUR MAJORITY POLITICAL ACTION COMMITTEE (T-OMPAC)	Transaction ID: SB23.31370 Date of Disbursement
	Mailing Address PO Box 16488	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City State Zip Code Arlington VA 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) TUESDAY GROUP POLITICAL ACTION COMMITTEE	Transaction ID: SB23.31372 Date of Disbursement
	Mailing Address PO BOX 40385	<input type="text" value="10"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/>
	City State Zip Code WASHINGTON DC 20016	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input 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)

**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 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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOID-A-PAC)

A. Full Name (Last, First, Middle Initial) WALSH FOR CONGRESS COMMITTEE <hr/> Mailing Address 4969 HORIZON TERRACE <hr/> City SYRACUSE State NY Zip Code 13215 <hr/> Purpose of Disbursement Contribution Candidate Name JAMES T WALSH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.33604 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) WESTMORELAND FOR CONGRESS <hr/> Mailing Address P.O. Box 458 <hr/> City Sharpsburg State GA Zip Code 30277 <hr/> Purpose of Disbursement Contribution Candidate Name LYNN A. WESTMORELAND Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.31376 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

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

93000.00