

# 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 OOIDA-PAC)

ADDRESS (number and street) P.O. Box 1000  
1 NW OOIDA Drive  
Grain Valley MO 64029  
 Check if different than previously reported. (ACC)

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 08 26 2008 in the State of FL  
(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 2008 through 08 06 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Richard Craig

Signature of Treasurer Electronically Filed by Mr. Richard Craig Date 08 14 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									
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**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	8

 To: 

M	M
0	8

D	D
0	6

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		131793.50
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	65627.49									
(c) Total Receipts (from Line 19) .....	4760.09	70898.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	70387.58	202692.25								
7. Total Disbursements (from Line 31) .....	33050.51	165355.18								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	37337.07	37337.07								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	8

 To: 

M	M
0	8

D	D
0	6

Y	Y	Y	Y
2	0	0	8

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	800.00	5355.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	3868.94	64356.51
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4668.94	69711.51
(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) .....	4668.94	69711.51
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	91.15	1187.24
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)) .....	4760.09	70898.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4760.09	70898.75

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	50.51	355.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	50.51	355.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33000.00	164000.00
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	1000.00
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))..	33050.51	165355.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33050.51	165355.18

**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) .....	4668.94	69711.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4668.94	69711.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	50.51	355.18
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	50.51	355.18

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 6 / 18</span>
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) CARL DOUGLASS		Date of Receipt
	Mailing Address PO BOX 3534		<input type="text" value="07"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	VALDOSTA	GA	31604-3534
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-employed		Occupation Owner-Operator	<b>Transaction ID:</b> SA11AI.35812
Receipt For: 2008		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
<input checked="" type="checkbox"/> Other (specify) ▼	Other		

<b>B.</b>	Full Name (Last, First, Middle Initial) FRED STEWART		Date of Receipt
	Mailing Address PO BOX 858		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	FERNLEY	NV	89408
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Self-employed		Occupation Owner-Operator	<b>Transaction ID:</b> SA11AI.35705
Receipt For: 2008		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
<input checked="" type="checkbox"/> Other (specify) ▼	Other		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="800.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="800.00"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 18</span>	
	(check only one)	
<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		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		3	1		2	0	0	8													
City	State	Zip Code																				
Pittsburgh	PA	15230-9738																				
FEC ID number of contributing federal political committee.		Transaction ID: SA17.35816																				
C		Amount of Each Receipt this Period																				
		91.15																				
Name of Employer	Occupation	interest earned																				
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	1187.24																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	91.15
<b>TOTAL</b> This Period (last page this line number only) .....	▶	91.15

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 18

<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

Mailing Address PO Box 609

City  
Pittsburgh

State  
PA

Zip Code  
15230-9738

Purpose of Disbursement  
bank fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State:

District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.35817

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

50.51

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

50.51

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

50.51

# 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)

<b>A.</b> Full Name (Last, First, Middle Initial) <b>ABERCROMBIE FOR CONGRESS</b>	Transaction ID: SB23.35757 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	Mailing Address: c/o 1357 Kapiolani Blvd. Ste. 1005 c/o 1357 Kapiolani Blvd. Ste. 1005 City: Honolulu State: HI Zip Code: 96814 Purpose of Disbursement contribution: <input type="checkbox"/> Candidate Name: NEIL ABERCROMBIE Category/Type: <input type="checkbox"/> 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) ▼ State: HI District: 01
Amount of Each Disbursement this Period 1000.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>ARCURI FOR CONGRESS</b>	Transaction ID: SB23.35761 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	Mailing Address: City: State: Zip Code: Purpose of Disbursement contribution: <input type="checkbox"/> Candidate Name: MICHAEL A ARCURI Category/Type: <input type="checkbox"/> 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) ▼ State: NY District: 24
Amount of Each Disbursement this Period 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>BILL SHUSTER FOR CONGRESS</b>	Transaction ID: SB23.35762 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	Mailing Address: PO Box 27 City: Hollidaysburg State: PA Zip Code: 16648 Purpose of Disbursement contribution: <input type="checkbox"/> Candidate Name: WILLIAM F SHUSTER Category/Type: <input type="checkbox"/> Office Sought: <input checked="" type="checkbox"/> House Disbursement For: 2008 <input type="checkbox"/> Senate <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▼ State: PA District: 09
Amount of Each Disbursement this Period 1000.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3000.00
<b>TOTAL</b> 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)

<b>A.</b> Full Name (Last, First, Middle Initial) <b>BLUMENAUER FOR CONGRESS</b> <hr/> Mailing Address 921 SW Washington Suite 810 <hr/> City Portland State OR Zip Code 97205 <hr/> Purpose of Disbursement contribution Candidate Name EARL BLUMENAUER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35763 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>BOOZMAN FOR CONGRESS</b> <hr/> Mailing Address PO BOX 671 <hr/> City ROGERS State AR Zip Code 72757 <hr/> 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35791 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>BRALEY FOR CONGRESS</b> <hr/> Mailing Address 300 Walnut Suite 5 <hr/> City Des Moines State IA Zip Code 50309 <hr/> 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 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35765 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>CAPUANO FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.35766
	Mailing Address <b>PO BOX 440305</b>	Date of Disbursement MM / DD / YYYY <b>07 / 24 / 2008</b>
	City <b>SOMERVILLE</b> State <b>MA</b> Zip Code <b>02144</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement contribution Candidate Name <b>MICHAEL E CAPUANO</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MA</b> District: <b>08</b> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CIRO D. RODRIGUEZ FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.35767
	Mailing Address <b>PO Box 14528</b>	Date of Disbursement MM / DD / YYYY <b>07 / 24 / 2008</b>
	City <b>San Antonio</b> State <b>TX</b> Zip Code <b>78214</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement contribution Candidate Name <b>CIRO D RODRIGUEZ</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>TX</b> District: <b>23</b> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CITIZENS TO ELECT RICK LARSEN</b>	<b>Transaction ID:</b> SB23.35768
	Mailing Address <b>PO Box 326</b>	Date of Disbursement MM / DD / YYYY <b>08 / 04 / 2008</b>
	City <b>Everett</b> State <b>WA</b> Zip Code <b>98206</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement contribution Candidate Name <b>RICK LARSEN</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>WA</b> District: <b>02</b> 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)

<b>A.</b> Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010 <hr/> Mailing Address <hr/> City State Zip Code <hr/> Purpose of Disbursement contribution Candidate Name THOMAS A COBURN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35769 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR <hr/> Mailing Address PO BOX 1096 <hr/> City State Zip Code BANGOR ME 04402 <hr/> Purpose of Disbursement contribution Candidate Name SUSAN M COLLINS <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35772 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) DEFAZIO FOR CONGRESS <hr/> Mailing Address PO Box 1316 <hr/> City State Zip Code Springfield OR 97477 <hr/> Purpose of Disbursement contribution Candidate Name PETER A DEFAZIO <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35775 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

<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) ELLSWORTH FOR CONGRESS COMMITTEE	Transaction ID: SB23.35776 Date of Disbursement 07 / 24 / 2008
	Mailing Address P.O. Box 62	Amount of Each Disbursement this Period 1000.00
	City Evansville State IN Zip Code 47701	
	Purpose of Disbursement contribution	Category/Type
	Candidate Name BRAD ELLSWORTH	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF CONNIE MACK	Transaction ID: SB23.35779 Date of Disbursement 08 / 04 / 2008
	Mailing Address P.O. Box 519 PMB 388	Amount of Each Disbursement this Period 2000.00
	City Naples State FL Zip Code 34106	
	Purpose of Disbursement contribution	Category/Type
	Candidate Name CONNIE MACK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF GLENN THOMPSON	Transaction ID: SB23.35780 Date of Disbursement 08 / 04 / 2008
	Mailing Address 198 PARK ROAD	Amount of Each Disbursement this Period 1000.00
	City HOWARD State PA Zip Code 16841	
	Purpose of Disbursement contribution	Category/Type
	Candidate Name GLENN THOMPSON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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)

<b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARRASSO <hr/> Mailing Address PO BOX 52008 <hr/> City CASPER State WY Zip Code 82605 <hr/> Purpose of Disbursement contribution Candidate Name JOHN A BARRASSO Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35784 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE <hr/> Mailing Address PO BOX 841 <hr/> City SIOUX FALLS State SD Zip Code 57101 <hr/> Purpose of Disbursement contribution Candidate Name JOHN THUNE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35787 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Roy Blunt <hr/> Mailing Address P.O. Box 278 <hr/> City Strafford State MO Zip Code 65757 <hr/> Purpose of Disbursement contribution Candidate Name ROY BLUNT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.35790 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	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) ..... ►

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) JOHN KERRY FOR SENATE	Transaction ID: SB23.35792 Date of Disbursement 07 / 24 / 2008
	Mailing Address 10 G STREET NE SUITE 710	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement contribution Candidate Name JOHN FORBES KERRY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 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) KIRK FOR CONGRESS	Transaction ID: SB23.35793 Date of Disbursement 07 / 16 / 2008
	Mailing Address P.O. Box 8	Amount of Each Disbursement this Period 1000.00
	City Winnetka State IL Zip Code 60093	
	Purpose of Disbursement Contribution Candidate Name MARK STEVEN KIRK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) KNOLLENBERG FOR CONGRESS COMMITTEE	Transaction ID: SB23.35796 Date of Disbursement 08 / 04 / 2008
	Mailing Address 31000 Telegraph Road #110	Amount of Each Disbursement this Period 1000.00
	City Bingham Farms State MI Zip Code 48025	
	Purpose of Disbursement contribution Candidate Name JOSEPH K. KNOLLENBERG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 09	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) LAUTENBERG FOR SENATE	Transaction ID: SB23.35797 Date of Disbursement 08 / 04 / 2008
	Mailing Address GATEWAY ONE 23RD FLOOR	Amount of Each Disbursement this Period 2500.00
	City NEWARK State NJ Zip Code 07102	Category/ Type
	Purpose of Disbursement contribution 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial) MARK PRYOR FOR US SENATE	Transaction ID: SB23.35798 Date of Disbursement 07 / 16 / 2008
	Mailing Address PO BOX 2720	Amount of Each Disbursement this Period 1000.00
	City LITTLE ROCK State AR Zip Code 72203	Category/ Type
	Purpose of Disbursement contribution Candidate Name MARK LUNSFORD PRYOR	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: SB23.35800 Date of Disbursement 07 / 24 / 2008
	Mailing Address 677 South 200 West Suite A	Amount of Each Disbursement this Period 1000.00
	City Salt Lake City State UT Zip Code 84101	Category/ Type
	Purpose of Disbursement contribution Candidate Name JAMES MATHESON	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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)

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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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MICA FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.35802
	Mailing Address P. O. Box 181546	Date of Disbursement 08 / 04 / 2008
	City Casselberry State FL Zip Code 32718	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution Candidate Name JOHN L MR. MICA Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 07 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>MIKE ROSS FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> SB23.35803
	Mailing Address PO Box 360	Date of Disbursement 08 / 04 / 2008
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution Candidate Name MICHAEL AVERY ROSS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>POE FOR CONGRESS</b>	<b>Transaction ID:</b> SB23.35807
	Mailing Address P.O. Box 14222	Date of Disbursement 07 / 16 / 2008
	City Humble State TX Zip Code 77347	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement contribution Candidate Name TED POE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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)

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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)

SNOWE FOR SENATE

Mailing Address P.O. BOX 2006

City PORTLAND State ME Zip Code 04104

Purpose of Disbursement contribution

Candidate Name OLYMPIA J SNOWE

Office Sought:  House  
 Senate  
 President

State: ME District: 00

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB23.35805

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	0	8

Amount of Each Disbursement this Period

1000.00
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SUBTOTAL of Disbursements This Page (optional) .....

1000.00
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TOTAL This Period (last page this line number only) .....

33000.00
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