

RECEIVED
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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TRANSPORTATION UNION INTERNATIONAL ASSOCIATION**
 USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. **12FB4M5**

ADDRESS (number and street) **1601 ELSIEBROOK AVENUE, SUITE 100**
 Check if different than previously reported. (ACC) **ALEXANDRIA VA 22304**

2. FEC IDENTIFICATION NUMBER **00033509** CITY STATE ZIP CODE

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)

(b) Monthly Report Due On:

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

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

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

Election on _____ in the State of _____

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

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

Election on _____ in the State of _____

5. Covering Period **04 01 2002** through **06 30 2002**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **ROBERT A. VOLTMANN**

Signature of Treasurer *[Signature]* Date **07 01 2002**

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 278 (Revised 1/01)

Page 2

Write or Type Committee Name

TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Report Covering the Period:

From:

01 01 2002

To:

06 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		21,142.00
(b) Cash on Hand at Beginning of Reporting Period	23,007.00	
(c) Total Receipts (from Line 19)	5,173.00	13,868.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28,180.00	35,010.00
7. Total Disbursements (from Line 30)	2,395.00	9,225.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25,785.00	25,785.00
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 2X (Revised 1/01)

Page 3

Write or Type Committee Name

TRANSPARTIONAL INTERMEDIARIES ASSOCIATION TIA/PC

Report Covering the Period: From: 04 01 2002 To: 06 30 2002

I. Receipts

COLUMN A Total Time Period

COLUMN B Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
- (i) Itemized (use Schedule A)
- (ii) Unitemized
- (ii) TOTAL (add Lines 11(a)(i) and (ii))

370800
186000
556800

1426300

- (b) Political Party Committees
- (c) Other Political Committees (such as PACs)
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)

0
0
556800

0
0
1426300

12. Transfers From Affiliated/Other Party Committees

0

0

13. All Loans Received

0

0

14. Loan Repayments Received

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)

0

0

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

0

0

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

0

0

18. Transfers from Nonfederal Account for Joint Activity

0

0

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

556800

1426300

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

556800

1426300

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE	OF
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

TRANSFORMATION INTERMEDIARIES ASSOCIATION TIAPAC

Full Name (Last, First, Middle Initial)

A. ANDREWS, CHUCK

Mailing Address

920 N. SHADELAND AVE.

City

INDIANAPOLIS

State

IN

Zip Code

46219

FEC ID number of contributing federal political committee.

C

Date of Receipt

05/01/2002

Amount of Each Receipt this Period

225.00

Name of Employer

MIDWEST FREIGHT

Occupation

PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Full Name (Last, First, Middle Initial)

B. BROOKHOUSE, DAVID

Mailing Address

P.O. BOX 549

City

ALMA

State

MI

Zip Code

48801

FEC ID number of contributing federal political committee.

C

Date of Receipt

05/01/2002

Amount of Each Receipt this Period

500.00

Name of Employer

TMS

Occupation

PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Full Name (Last, First, Middle Initial)

C. EASTMAN, JACK

Mailing Address

P.O. BOX 6383

City

KINGWOOD, TX

State

TX

Zip Code

77325

FEC ID number of contributing federal political committee.

C

Date of Receipt

05/01/2002

Amount of Each Receipt this Period

1,608.00

Name of Employer

EASTMAN LOGISTICS

Occupation

PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,608.00

SUBTOTAL of Receipts This Page (optional)

1,883.00

TOTAL This Period (last page this line number only)

1,883.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 2 OF 4
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. Full Name (Last, First, Middle Initial)
TOLIN, JIM

Mailing Address
1040 MONAD RD.

City
BILLINGS State
MT Zip Code
59101

FEC ID number of contributing federal political committee.
C

Name of Employer
REIGHT AGENCY Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
39,500

Date of Receipt
05 / 01 / 2002

Amount of Each Receipt this Period
135.00

B. Full Name (Last, First, Middle Initial)
HERKEMANN, DENISE

Mailing Address
1651 HAYES RD.

City
GRAND HAVEN State
MI Zip Code
49417

FEC ID number of contributing federal political committee.
C

Name of Employer
CAROL MASTER Occupation
EXEC. VP.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
05 / 01 / 2002

Amount of Each Receipt this Period
225.00

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

Mailing Address
2910 LACERNE DR. SE

City
GRAND RAPIDS State
MI Zip Code
49506

FEC ID number of contributing federal political committee.
C

Name of Employer
NATIONWIDE TRANSP Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
05 / 01 / 2002

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) **660.00**

TOTAL This Period (last page this line number only) **660.00**

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 3 OF 4	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
TRANSFORMATION INTERMEDIARIES ASSOCIATION TIAPAC

A. Full Name (Last, First, Middle Initial)
SAMPLE, SIEVE

Mailing Address
3200 CHAMBERLAIN LN.

City State Zip Code
LOUISVILLE KY 40243

FEC ID number of contributing federal political committee.
C

Date of Receipt
05 01 2012

Amount of Each Receipt this Period
50.00

Name of Employer
TIME-IT TRANSP.

Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date
88.00

B. Full Name (Last, First, Middle Initial)
SCHNEPSEI, TARA

Mailing Address
P.O. BOX 7013

City State Zip Code
ROCKFORD IL 61125

FEC ID number of contributing federal political committee.
C

Date of Receipt
05 01 2012

Amount of Each Receipt this Period
130.00

Name of Employer
LANDSTAR

Occupation
VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date
210.00

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

Mailing Address
4317 E. SEURAT RD.

City State Zip Code
ASHLEY IL 62509

FEC ID number of contributing federal political committee.
C

Date of Receipt
05 01 2012

Amount of Each Receipt this Period
375.00

Name of Employer
MIDWEST TRANSIT Svc

Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date
375.00

SUBTOTAL of Receipts This Page (optional) 565.00

TOTAL This Period (last page this line number only) 565.00

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

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

FOR LINE NUMBER: (check only one)		PAGE 4	OF 4
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)

TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

Full Name (Last, First, Middle Initial) A. <u>TALLER, DONNA</u>		Date of Receipt <u>05</u> / <u>01</u> / <u>2002</u>
Mailing Address <u>4367 E. SEWART RD.</u>		Amount of Each Receipt this Period <u>355.00</u>
City <u>AGATHEM</u>	State Zip Code <u>IL 62508</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>MINNETT TRAVEL SER.</u>	Occupation <u>MANAGER</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>355.00</u>	

Full Name (Last, First, Middle Initial) B. <u>WICKER, MIKE</u>		Date of Receipt <u>05</u> / <u>01</u> / <u>2002</u>
Mailing Address <u>P.O. Box 2398</u>		Amount of Each Receipt this Period <u>255.00</u>
City <u>SOUTH GATE</u>	State Zip Code <u>CA 90280</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>CAL STATE EXPRESS</u>	Occupation <u>PRESIDENT</u>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>255.00</u>	

Full Name (Last, First, Middle Initial) C. _____		Date of Receipt ____ / ____ / _____
Mailing Address _____		Amount of Each Receipt this Period _____
City _____	State Zip Code _____	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer _____	Occupation _____	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____	

SUBTOTAL of Receipts This Page (optional)	<u>610.00</u>
TOTAL This Period (last page this line number only)	<u>3708.00</u>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE		OF	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28
<input type="checkbox"/> 25	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29		

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NAME OF COMMITTEE (in full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JIM DIERSTAR

Date of Disbursement
04, 03, 2002

Mailing Address
317 NW 9th

City
CHISHOLM, MN State
MN Zip Code
55719

Purpose of Disbursement
DIERSTAR, JAMES L. - House - MN Category/Type
011

Candidate Name
DIERSTAR, JAMES L.

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
1000.00

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

Date of Disbursement
03, 20, 2002

Mailing Address
5135 OVERLOOK POINT

City
HAMBURG State
NY Zip Code
14075

Purpose of Disbursement
QUINN, JACK - House - NY 30th Category/Type
011

Candidate Name
QUINN, JACK

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period
1000.00

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

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

GUSTOTAL of Disbursements This Page (optional) **2000.00**

TOTAL This Period (last page this line number only) **2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE	OF
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25			
	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29		

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NAME OF COMMITTEE (In Full)
TRANSPORTATION INTERMEDIARIES ASSOCIATION TIAPAC

A. Full Name (Last, First, Middle Initial)
TRANSPORTATION INTERMEDIARIES ASSOCIATION

Date of Disbursement: **06 / 25 / 2002**

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

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

Purpose of Disbursement: **REWARD OF MURKIN BANK DEPOSIT** Category/Type: **010**

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

State: _____ District: _____

Amount of Each Disbursement this Period: **395.00**

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

Date of Disbursement:

Mailing Address:

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____ Category/Type: _____

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

State: _____ District: _____

Amount of Each Disbursement this Period:

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

Date of Disbursement:

Mailing Address:

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____ Category/Type: _____

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

State: _____ District: _____

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) **395.00**

TOTAL This Period (last page this line number only) **395.00**

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i>	<i>[Signature]</i>
PREPARER	DATE PREPARED

2025 RELEASE UNDER E.O. 14176