

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 FEB -1 P 12:46

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)

C00335091 121500 N
REBECCA BEVERLY Ed Mortimer
TRANSPORTATION INTERMEDIARIES
ASSOCIATION'S TIAPAC
3601 EISENHOWER AVENUE SUITE 1
ALEXANDRIA VA 22304

2. FEC IDENTIFICATION NUMBER
C 00335091

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

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____

30-Day Post-Election Report following the General Election
on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	7/1/00 through 12/31/00		
6. (a) Cash on Hand January 1, 2000			\$ 11,668.00
(b) Cash on Hand at Beginning of Reporting Period		\$ 23,374.00	
(c) Total Receipts (from Line 10)		\$ 1,455.00	\$ 15,161.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 24,829.00	\$ 26,829.00
7. Total Disbursements (from Line 30)		\$ 4,500.00	\$ 6,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 20,629.00	\$ 20,629.00
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0	For further information contact: Federal Election Commission 700 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)		\$ 0	
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 Ed Mortimer			
Signature of Treasurer Ed Mortimer		Date 1/20/01	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

FEC FORM 3X

21.03.685.1778

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD

FROM TO

I. Receipts

**COLUMN A
Total This Period**

**COLUMN B
Calendar Year**

- 11. Contributions (other than loans) From:
 - a. Individual/Persons Other Than Political Committees
 - i. Itemized (use Schedule A) _____
 - ii. Unitemized _____
 - iii. Total _____ (add i and ii) >
 - b. Political Party Committees _____
 - c. Other Political Committees (such as PACs) _____
 - d. Total Contributions _____ (add a iii, b and c) >
- 12. Transfers From Affiliated/Other Party Committees _____
- 13. All Loans Received _____
- 14. Loan Repayments Received _____
- 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) _____
- 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees _____
- 17. Other Federal Receipts (Dividends, Interest, etc.) _____
- 18. Transfers from Nonfederal Account for Joint Activity _____
- 19. Total Receipts _____ (add 11d, 12, 13, 14, 15, 16, 17, and 18) >
- 20. Total Federal Receipts _____ (subtract line 18 from line 19) >

1400.00

12,576.00

55.06

2,485.00

1455.00

15,161.00

1455.00

15,161.00

1455.00

15,161.00

1455.00

15,161.00

II. Disbursements

- 21. Operating Expenditures:
 - a. Shared Federal/Non-Federal Activity (from Schedule H4)
 - i. Federal Share _____
 - ii. Non-Federal Share _____
 - b. Other Federal Operating Expenditures _____
 - c. Total Operating Expenditures _____ (add a i, a ii, and b) >
- 22. Transfers to Affiliated/Other Party Committees _____
- 23. Contributions to Federal Candidates/Committees and Other Political Committees _____
- 24. Independent Expenditures (use Schedule E) _____
- 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) _____
- 26. Loan Repayments Made _____
- 27. Loans Made _____
- 28. Refunds of Contributions To:
 - a. Individual/Persons Other Than Political Committees _____
 - b. Political Party Committees _____
 - c. Other Political Committees (such as PACs) _____
 - d. Total Contribution Refunds _____ (add a, b and c) >
- 29. Other Disbursements _____
- 30. Total Disbursements _____ (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >
- 31. Total Federal Disbursements _____ (subtract line 21 a ii from line 30) >

0

0

4500.00

6500.00

4500.00

6500.00

III. Net Contributions/Operating Expenditures

- 32. Total Contributions (other than loans)(from line 11d) _____
- 33. Total Contribution Refunds (from line 28d) _____
- 34. Net Contributions (other than loans)(subtract line 33 from 32) _____
- 35. Total Federal Operating Expenditures _____ (add 21 a i and 21 b) >
- 36. Offsets to Operating Expenditures (from line 15) _____
- 37. Net Operation Expenditures _____ (subtract line 36 from 35) >

1455.00

15,161.00

0

0

1455.00

15,161.00

0

0

0

0

0

0

21-03-685-1779

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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

NAME OF COMMITTEE (In Full)

Transportation Intermediaries Association TTAPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Quinn For Congress P.O. Box 2012 Blasdell, NY 14219	Fundraising event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/00	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Conrad Burns P.O. Box 1532 Billings, MT 59103	Fundraising event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/00	1000.00
C. Full Name, Mailing Address and ZIP Code Bob Clement Committee P.O. Box 24286 Nashville, TN 37202	Fundraising event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/15/00	500.00
D. Full Name, Mailing Address and ZIP Code Friends of Jim Oberstar P.O. Box 465 Duluth, MN 55802	Fundraiser event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/20/00	1000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

[Handwritten signature]

21-03-685-1780

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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 comment purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Transportation Intermediaries Association TIAPAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Henry Hyde P.O. Box 332 Des Plaines, IL 60016	fundraising event Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/2/00	1000.00
Whitfield for Congress Committee P.O. Box 391 Hopkinsville, KY 42241	Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/07	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

4500.00

23.03.685.1781

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 02 OF 3
FOR LINE NUMBER 119

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

NAME OF COMMITTEE (in Full)

Transportation Intermediaries Association TIAPAC

A. Full Name, Mailing Address and ZIP Code

James R. DeMatteis
1505 N. Avenue
Norwalk, IA 50211

Name of Employer

Des Moines Truck Brokers

Date (month, day, year)

7/25/00

Amount of Each Receipt this Period

300.00

Receipt For:

Primary General Other (specify):

Occupation

Vice President

Aggregate Year-to-Date $\$$ 350.00

B. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary General Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date $\$$

C. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary General Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date $\$$

D. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary General Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date $\$$

E. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary General Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date $\$$

F. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary General Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date $\$$

G. Full Name, Mailing Address and ZIP Code

Receipt For:

Primary General Other (specify):

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date $\$$

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

300.00

21.03.85.1792

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 02 OF 13
FOR LINE NUMBER 11a

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

NAME OF COMMITTEE (In Full)

Transportation Intermediaries Association - TIAPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Pulley P.O. Box 653 Lawrenceburg, TN 38464	Southland Logistics	11/13/00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 100.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steve Sample 3600 Chamberlain Lane Louisville, KY 40243	Time-It Transportation	11/13/00	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 50.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Billy King 15131 Airline Highway Baton Rouge, LA 70917-7309	New Star Transportation	11/13/00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 100.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alec Gizzi 200 Reseray Dr. Glendale Heights, IL 60139	JBS Transportation	11/13/00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 200.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Butran 8100 Mitchell Rd., #200 Eden Prairie, MN 55344	C.H. Robinson	11/13/00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sen. Vice President	Aggregate Year-to-Date > \$ 1475.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andy Pierce 5720 LBJ Freeway Dallas, TX 75380	Bear Transportation	11/13/00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Syfan, III P.O. Box 907310 Gainesville, GA 30501	Turbo Logistics	11/13/00	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President	Aggregate Year-to-Date > \$ 1600.00	

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

08211589 2004

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 119

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

NAME OF COMMITTEE (in full)

Transportation Intermediaries Association - TIAPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chuck Andrews 920 N. Shadeland Ave Indianapolis, IN 46219 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Midwest Freight Brokers Occupation: President Aggregate Year-to-Date > \$ 200.00	11/13/00	200.00
Chip Smith 2521 Fairview Ave Roseville, MN 55113 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Twin Modal Occupation: President Aggregate Year-to-Date > \$ 200.00	11/13/00	100.00
Dave Brookhouse 612 E. Superior St Alma, MI 48801 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Traffic Management Services Occupation: President Aggregate Year-to-Date > \$ 100.00	11/13/00	100.00
Ben Williamson P.O. Box 700 Bloomington, IL 61801 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	RJW Logistics Occupation: President Aggregate Year-to-Date > \$ 150.00	11/13/00	50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	11/13/00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	11/13/00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	11/13/00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	11/13/00	

11-03-08 17:14

SUBTOTAL of Receipts This Page (optional) 450.00

TOTAL This Period (first page this line number only) 1150.00

