Image#	10930019224	
--------	-------------	--

FEC

STATEMENT OF ORGANIZATION

FORM 1	(See instructio		Office use only	
1. NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
	ATOR INDEPENDENT DRIVERS	ASSN INC POLITICAL AC		
ADDRESS (number and s	treet)			
(Check if address	1 NW OOIDA Dr.			
is changed)	Grain Valley			9
		CITY	STATE ZIP	CODE 🔺
COMMITTEE'S E-MAII	L ADDRESS (Please provide only one e-	mail address)		
(Check if address	angel_burnell@ooid	a.com		
is changed)]
				·
COMMITTEE'S WEB F	PAGE ADDRESS (URL)			
(Check if address is changed)				
 DATE M M M 0.1 FEC IDENTIFICA 		C C00236778		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my kno	wledge and belief it is true, correct	and complete	
Type or Print Name of T	Treasurer Ms. Angela Burr	nell		
Signature of Treasurer	Electronically Filed by Ms. Angel	la Burnell	Date 01 / 08	⁷ 2010
NOTE: Submission of fals	se, erroneous, or incomplete information ma ANY CHANGE IN INFORMA	y subject the person signing this S TION SHOULD BE REPORTEI	·	. §437g.

Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
-----------------------	--	--	--	---	---------------------------------

_

_

(h)

	FEC F	orm 1 (Revised 02/2009)	Page 2
5.	TYPE OF CO	DMMITTEE (Check One)	
	Candidate C	ommittee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
	Name of Candidate		
	Candidate Party Affiliatio	on Office Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comm	ittee: This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Act	ion Committee (PAC):	
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
		Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization X Trade Association	Cooperative
		χ In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	ising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.	<u> </u>	FEC ID number	C

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

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

Owner Operator Indep	endent Drivers Association		
Mailing Address	1 NW OOIDA Dr.		
	Grain Valley	μο	64029 <u> </u>
	CITY	STATE 🛓	ZIP CODE
Relationship:			
X Connected Organizatio	n Affiliated Committee Joint Fundra	ising Representative	Leadership PAC Sponsor
X Connected Organization	dentify by name, address, (phone number optic		
X Connected Organization Custodian of Records: possession of Committee	dentify by name, address, (phone number optic		Leadership PAC Sponsor
Connected Organization Custodian of Records: possession of Committee J Tog	dentify by name, address, (phone number optic		e person in
X Connected Organization Custodian of Records: possession of Committee Full Name	dentify by name, address, (phone number optic ee books and records. Id Spencer		e person in
X Connected Organization Custodian of Records: possession of Committee Full Name	dentify by name, address, (phone number optic ee books and records. Id Spencer PO Box 1000		e person in
X Connected Organization Custodian of Records: possession of Committee Full Name	dentify by name, address, (phone number optic ee books and records. dd Spencer PO Box 1000 I NW OOIDA Dr.	onal), and position of th	e person in

name and address of any designated agent (e.g., assistant treasurer).

Tr	easurer		Telephone number	444 5791
Title or Position ¥		CITY 🛦	STATE	
		Grain Valley	MO	64029 _
		1 NW OOIDA Dr		
Mailing Address		PO Box 1000		
Full Name of Treasurer _	Ms. Angela Bu	rnell		

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent	J. Todd Spencer		
Mailing Address	1 NW OOIDA Dr.		
	Grain Valley	<u>MO</u>	64029
Title or Position ▼	CITY	STATE 🛦	ZIP CODE
Assista	Int Treasurer	Telephone number	4445791
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc. ommerce Bank	nich the committee deposits funds	, holds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc.	nich the committee deposits funds	, holds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc. ommerce Bank	nich the committee deposits funds	, holds accounts, rents
safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc. ommerce Bank	nich the committee deposits funds	
safety deposit boxes or m Name of Bank, Depositor	aintains funds. y, etc. Dommerce Bank 1000 Walnut 1000 Walnut Kansas City		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. ommerce Bank 1000 Walnut Kansas City CITY A		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. Dommerce Bank 1000 Walnut ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. Dommerce Bank 1000 Walnut ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		
Safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. Dommerce Bank 1000 Walnut ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		
Safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. Dommerce Bank 1000 Walnut ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		

A. Form/Schedule : F1A Transaction ID : We filed an Amended Statement of Organization on 12-14-09 to update our treasurer information. Per a letter from FEC on 12-30-09 (RQ-1), we were informed that the Statement of Organization filed on 12-14-09 was not complete. In checking our filing, it appears the Custodian of Records information was inadvertently left off the amended filing. That information has been corrected and this amedment should serve to satisfy the request made by FEC. Today (1-8-10), I received a call from Alexandra Broomhead regarding the filing that was submitted 1-7-10. Line 5e was left unchecked. That has been corrected.