

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

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

FOR LINE NUMBER: PAGE 10 OF 16  
(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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 OOIDA-PAC)

Full Name (Last, First, Middle Initial)  
**A. Dwight D Franke**

Mailing Address 1201 Adams Rd

|              |             |                        |
|--------------|-------------|------------------------|
| City<br>Kell | State<br>IL | Zip Code<br>62853-1201 |
|--------------|-------------|------------------------|

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

|                                   |                              |
|-----------------------------------|------------------------------|
| Name of Employer<br>Self-employed | Occupation<br>Owner-Operator |
|-----------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 28    | / | 2011        |

**Transaction ID : 1611446**

Amount of Each Receipt this Period  
200.00

Full Name (Last, First, Middle Initial)  
**B. Phil Madsen**

Mailing Address 24090 Northfield Blvd

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Hampton | State<br>MN | Zip Code<br>55031-9620 |
|-----------------|-------------|------------------------|

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

|                                   |                              |
|-----------------------------------|------------------------------|
| Name of Employer<br>Self-employed | Occupation<br>Owner-Operator |
|-----------------------------------|------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 11    | / | 29    | / | 2011        |

**Transaction ID : 1611457**

Amount of Each Receipt this Period  
250.00

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

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Receipt this Period

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 270.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 1870.00 |