

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
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 121 N Henry Street
 Check if different than previously reported. (ACC)
Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** C00010124
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 (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 01 01 2010 through 03 31 2010

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 Christian A Klein

Signature of Treasurer Electronically Filed by Christian A Klein Date 02 15 2011

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
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		16008.53
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	16008.53									
(c) Total Receipts (from Line 19)	4000.00	4000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20008.53	20008.53								
7. Total Disbursements (from Line 31)	8464.75	8464.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11543.78	11543.78								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

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		
(i) Itemized (use Schedule A)	4000.00	4000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4000.00	4000.00
(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)	4000.00	4000.00
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.)	0.00	0.00
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))	4000.00	4000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4000.00	4000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	18.12	18.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	18.12	18.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8446.63	8446.63
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	0.00
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))..	8464.75	8464.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8464.75	8464.75

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	4000.00	4000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4000.00	4000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18.12	18.12
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	18.12	18.12

**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 6 / 12
	<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"/> 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)
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Michael Brennan		Date of Receipt	
	Mailing Address 7300 Blakemore Ct.		M M / D D / Y Y Y Y Y 0 2 / 1 8 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.4194
	Prospect	KY	40059	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Bramco		Occupation Construction Equipment Distributor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

B.	Full Name (Last, First, Middle Initial) Lucinda Leppo		Date of Receipt	
	Mailing Address 3196 Silky Ln.		M M / D D / Y Y Y Y Y 0 1 / 2 7 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.4239
	Stow	OH	44224-4751	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		2500.00	
Name of Employer Leppo Rents/Bobcat of Akron		Occupation Construction Equipment Distributor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00		

C.	Full Name (Last, First, Middle Initial) Paradis A Paradis, III		Date of Receipt	
	Mailing Address PO Box 98		M M / D D / Y Y Y Y Y 0 2 / 1 9 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: SA11AI.4241
	Goshen	KY	40026-0098	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Brandeis Machinery & Supply Co		Occupation Construction Equipment Distributor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
TOTAL This Period (last page this line number only)	▶	4000.00

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)

<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)
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.4231 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="02"/> <input type="text" value="17"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="14.75"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) PNC Bank Merchant Services	Transaction ID: SB21B.4233 Date of Disbursement
	Mailing Address 6551 Coventry Way FI2	<input type="text" value="03"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Clinton State MD Zip Code 20735-1756	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="0.37"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) PNC Merchant Services	Transaction ID: SB21B.4235 Date of Disbursement
	Mailing Address One PNC Plaza	<input type="text" value="01"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Pittsburgh State PA Zip Code 15265-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="1.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)

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)
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS</p> <p>Mailing Address 14 KNIGHTSWOOD DRIVE</p> <p>City MARLTON State NJ Zip Code 08053</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name JOHN H. ADLER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NJ District: 03</p>	<p>Transaction ID: SB23.4208</p> <p>Date of Disbursement 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Army Navy Club</p> <p>Mailing Address 901 17th Sreet NE</p> <p>City Washington State DC Zip Code 20006-2594</p> <p>Purpose of Disbursement In--Kind: Luncheon Expenses</p> <p>Candidate Name CORY GARDNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 04</p>	<p>Transaction ID: SB23.4221</p> <p>Date of Disbursement 03 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 119.55</p>
<p>C. Full Name (Last, First, Middle Initial) Association of Equipment Manufacturers</p> <p>Mailing Address 6767 W. Washington Street Ste. 2400</p> <p>City Milwaukee State WI Zip Code 53214-5650</p> <p>Purpose of Disbursement In--Kind: Reimbursement for meeting room rental fee</p> <p>Candidate Name FRANK SCATURRO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 04</p>	<p>Transaction ID: SB23.4224</p> <p>Date of Disbursement 02 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 100.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1219.55

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)

PAGE 10 / 12

<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)
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRESS</p> <p>Mailing Address 315 Inspiration Lane</p> <p>City Gaithersburg State MD Zip Code 20878</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name NYDIA M. VELAZQUEZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 12</p>	<p>Transaction ID: SB23.4211</p> <p>Date of Disbursement 03 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) FRANK SCATURRO FOR CONGRESS, INC</p> <p>Mailing Address 515 HERRICKS ROAD SUITE 4</p> <p>City NEW HYDE PARK State NY Zip Code 11040</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name FRANK SCATURRO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 04</p>	<p>Transaction ID: SB23.4198</p> <p>Date of Disbursement 02 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) FRIENDS OF JIM OBERSTAR</p> <p>Mailing Address 1017 8th St NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name JAMES L OBERSTAR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 08</p>	<p>Transaction ID: SB23.4205</p> <p>Date of Disbursement 03 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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)

PAGE 11 / 12

<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)
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) FUND FOR A CONSERVATIVE FUTURE <hr/> Mailing Address PO Box 96 <hr/> City Alexandria State VA Zip Code 22313 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name JAMES M INHOFE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4201 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

B. Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS <hr/> Mailing Address PO BOX 2408 <hr/> City LOVELAND State CO Zip Code 80539 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name CORY GARDNER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4197 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

C. Full Name (Last, First, Middle Initial) LATHAM FOR CONGRESS <hr/> Mailing Address P.O. Box 71 PO BOX 71 <hr/> City Clarion State IA Zip Code 50525 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name THOMAS P. LATHAM <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4218 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 12 / 12

<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)
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Obadal, Filler, MacLeod & Klein Mailing Address 117 North Henry Street City Alexandria State VA Zip Code 22314 Purpose of Disbursement In--Kind:Reimbursement for luncheon expenses Candidate Name FRANK SCATURRO Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4226 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 227.08
B. Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS Mailing Address PO Box 24551 City Pttsburgh State PA Zip Code 15234 Purpose of Disbursement Campaign Contribution Candidate Name TIM MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4215 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1227.08

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

8446.63