

# 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** CITY STATE ZIPCODE

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:

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

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 07 01 2010 through 09 30 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)

A. Form/Schedule : **F3XA**

Transaction ID :

This report amends the Q3 report submitted on 10/15/10, FEC-501364 . On that date a 'new committee report' was created instead of submitting based on an existing report; therefore, the year-to-date numbers were not included in that report. It was not possible to amend the report using the 'existing committee report' since the original report had been submitted through the new committee report. Therefore, this report is not being submitted as an 'amendment' but it is meant to amend the previous report, number above. Questions please give me a call. Crystal Maguire 703-299-0784.

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		16008.53
(b) Cash on Hand at Beginning of Reporting Period .....	31761.74	
(c) Total Receipts (from Line 19) .....	17500.00	57600.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	49261.74	73608.53
7. Total Disbursements (from Line 31) .....	29858.83	54205.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	19402.91	19402.91
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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) .....	17500.00	57600.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	17500.00	57600.00
(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) .....	17500.00	57600.00
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)) .....	17500.00	57600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17500.00	57600.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	108.83	258.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	108.83	258.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29750.00	53946.63
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))..	29858.83	54205.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29858.83	54205.62

**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) .....	17500.00	57600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17500.00	57600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	108.83	258.99
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	108.83	258.99

**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 7 / 19
	<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)  
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Craig Burkert		Date of Receipt	
	Mailing Address 9225 Guernsey Lane		M M / D D / Y Y Y Y 07 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4251
	Dallas	TX	75220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer ROMCO Equipment		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		

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles F. Clarkson		Date of Receipt	
	Mailing Address 1011 Brazos Dr		M M / D D / Y Y Y Y 07 / 19 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4255
	Southlake	TX	76092-6027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer ROMCO Equipment		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		

<b>C.</b>	Full Name (Last, First, Middle Initial) Rick Dahl		Date of Receipt	
	Mailing Address 40 W 835 Campton Meadows Dr		M M / D D / Y Y Y Y 07 / 01 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4257
	Elburn	IL	60119-8829	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
Name of Employer Metrolift, Inc.		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		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 19  
(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

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NAME OF COMMITTEE (In Full)  
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial) Robert Henderson		Date of Receipt MM / DD / YYYY 09 / 13 / 2010
Mailing Address 600 Hunter Drive Suite 220		Transaction ID: SA11AI.4287
City Oakbrook	State Zip Code IL 60523	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Associated Equipment Distributor	Occupation Equipment Distributor	Aggregate Year-to-Date 2000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Roy Kern		Date of Receipt MM / DD / YYYY 09 / 13 / 2010
Mailing Address 107 Teaberry Ln		Transaction ID: SA11AI.4288
City Venetia	State Zip Code PA 15367	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Equipment Corporation of America	Occupation Equipment Distributor	Aggregate Year-to-Date 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Tom Kirchoff		Date of Receipt MM / DD / YYYY 07 / 08 / 2010
Mailing Address 1 Glen Ridge Drive		Transaction ID: SA11AI.4265
City Lemoyne	State Zip Code PA 17043	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Cleveland Brothers Equipment	Occupation Construction Equipment Distributor	Aggregate Year-to-Date 2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 9 / 19
	<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)  
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Dennis E Kruepke	Date of Receipt MM / DD / YYYY 09 / 16 / 2010
	Mailing Address 543 S. Rohlwing Road (Rt. 53)	<b>Transaction ID:</b> SA11AI.4297
	City State Zip Code Addison IL 60101	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer McCann Industries Occupation Equipment Distributor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Chris MacAllister	Date of Receipt MM / DD / YYYY 08 / 25 / 2010
	Mailing Address 7515 E 30th Street	<b>Transaction ID:</b> SA11AI.4293
	City State Zip Code Indianapolis IN 46226	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MacAllister Machinery Co. Occupation Equipment Distributor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Chris MacAllister	Date of Receipt MM / DD / YYYY 09 / 08 / 2010
	Mailing Address 7515 E 30th Street	<b>Transaction ID:</b> SA11AI.4286
	City State Zip Code Indianapolis IN 46226	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MacAllister Machinery Co. Occupation Equipment Distributor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# 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 10 / 19
	<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	

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NAME OF COMMITTEE (In Full)  
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert G. Mullins		Date of Receipt																					
	Mailing Address 706 Garraty CT		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		1	9		2	0	1	0														
	City State Zip Code San Antonio TX 78209		<b>Transaction ID:</b> SA11AI.4259																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00																						
Name of Employer ROMCO Equipment 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																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert O Mullins		Date of Receipt																					
	Mailing Address 4209 Lorraine Ave.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		2	1		2	0	1	0														
	City State Zip Code Dallas TX 75205		<b>Transaction ID:</b> SA11AI.4292																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00																						
Name of Employer ROMCO Equipment 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																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Alvin Richer		Date of Receipt																					
	Mailing Address 2975 W 2100 SO		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		0	9		2	0	1	0														
	City State Zip Code Salt Lake City UT 84119		<b>Transaction ID:</b> SA11AI.4263																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00																						
Name of Employer Arnold Machinery 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																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 19  
(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

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NAME OF COMMITTEE (In Full)  
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Jeff Scott

Mailing Address 489 12th Ave

City State Zip Code  
Salt Lake City UT 84103

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

Name of Employer Occupation  
Bobcat of the Rockies Equipment Distributor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 21 / 2010

Transaction ID: SA11AI.4290

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael J. Soley, Sr.

Mailing Address 942 Tara HI E

City State Zip Code  
Hartford WI 53027

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

Name of Employer Occupation  
Miller-Bradford & Risberg Equipment Distributor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: SA11AI.4295

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Timothy Watters

Mailing Address 300 S Randolphville Rd

City State Zip Code  
Piscataway NJ 08854

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

Name of Employer Occupation  
Hoffman Equipment Equipment Distributor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

Transaction ID: SA11AI.4291

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 19	
	(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"/> 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)  
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

<b>A.</b>	Full Name (Last, First, Middle Initial) Ed I Weisiger, Jr.		Date of Receipt																					
	Mailing Address PO Box 1095		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		1	4		2	0	1	0														
	City	State	Zip Code		<b>Transaction ID:</b> SA11AI.4289																			
	Charlotte	NC	28201																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Carolina CAT		Occupation Equipment Distributor		<input type="text" value="500.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<input type="text" value="500.00"/>																				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="17500.00"/>

**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 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) BASS, CHARLES F.	Transaction ID: SB23.4346 Date of Disbursement 09 / 09 / 2010
	Mailing Address PO Box 210	Amount of Each Disbursement this Period 1000.00
	City Peterborough State NH Zip Code 03458	
	Purpose of Disbursement campaign contribution	Category/Type
	Candidate Name BASS VICTORY COMMITTEE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BOREN, DAVID DANIEL	Transaction ID: SB23.4323 Date of Disbursement 07 / 08 / 2010
	Mailing Address PO Box 1924	Amount of Each Disbursement this Period 1000.00
	City Muskogee State OK Zip Code 74402	
	Purpose of Disbursement campaign contribution	Category/Type
	Candidate Name BOREN FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CAMP, DAVID LEE	Transaction ID: SB23.4352 Date of Disbursement 07 / 27 / 2010
	Mailing Address 5905 Wimbledon Court	Amount of Each Disbursement this Period 2500.00
	City Midland State MI Zip Code 48642	
	Purpose of Disbursement campaign contribution	Category/Type
	Candidate Name DAVE CAMP FOR CONGRESS 2010	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) CANTOR, ERIC</p> <p>Mailing Address 6004 Oxbury Ct.</p> <p>City Glen Allen State VA Zip Code 23059</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4397</p> <p>Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DAVIS, GEOFFREY C.</p> <p>Mailing Address PO Box 17192</p> <p>City Ft Mitchell State KY Zip Code 41017</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name GEOFF DAVIS FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4362</p> <p>Date of Disbursement 09 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DEFAZIO, PETER A.</p> <p>Mailing Address PO Box 1316</p> <p>City Springfield State OR Zip Code 97477</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name DEFAZIO FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4353</p> <p>Date of Disbursement 07 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) DUFFY, SEAN P</p> <p>Mailing Address 2906 CITY HEIGHTS RD</p> <p>City ASHLAND State WI Zip Code 54806</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name DUFFY FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4374 <b>Date of Disbursement</b> 09 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FITZPATRICK, MICHAEL G</p> <p>Mailing Address PO BOX 185</p> <p>City LANGHORNE State PA Zip Code 19047</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name FITZPATRICK FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4357 <b>Date of Disbursement</b> 08 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRAZIER, RYAN L</p> <p>Mailing Address PO BOX 140182</p> <p>City EDGEWATER State CO Zip Code 80214</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name RYAN FRAZIER FOR COLORADO</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4372 <b>Date of Disbursement</b> 09 / 27 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2500.00

**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)

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<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) GRASSLEY, CHARLES E SENATOR	Transaction ID: SB23.4366 Date of Disbursement 08 / 03 / 2010
	Mailing Address PO BOX 1000	Amount of Each Disbursement this Period 2500.00
	City DES MOINES State IA Zip Code 50304	
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name GRASSLEY COMMITTEE INC	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) GRAVES, JOHN THOMAS JR	Transaction ID: SB23.4368 Date of Disbursement 09 / 29 / 2010
	Mailing Address 475 CRAIG ROAD	Amount of Each Disbursement this Period 1250.00
	City RANGER State GA Zip Code 30734	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name GRAVES FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) GRAVES, SAMUEL B JR 'SAM'	Transaction ID: SB23.4367 Date of Disbursement 07 / 19 / 2010
	Mailing Address 110 SOUTH 10TH STREET	Amount of Each Disbursement this Period 1000.00
	City TARKIO State MO Zip Code 64491	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name GRAVES FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

4750.00

**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)

<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><b>A.</b> Full Name (Last, First, Middle Initial) HANNA, RICHARD</p> <p>Mailing Address 8228 State Rt 28</p> <p>City Barneveld State NY Zip Code 13304</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name RICHARD HANNA FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4371</p> <p>Date of Disbursement 08 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) HOLDEN, T. TIMOTHY</p> <p>Mailing Address 31 Pearl Street</p> <p>City SAINT CLAIR State PA Zip Code 17970</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name FRIENDS OF CONGRESSMAN TIM HOLDEN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 17</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4359</p> <p>Date of Disbursement 09 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) JOHN HARDY ISAKSON</p> <p>Mailing Address POST OFFICE BOX 250116</p> <p>City ATLANTA State GA Zip Code 30325</p> <p>Purpose of Disbursement campaign contribution</p> <p>Candidate Name GEORGIANS FOR ISAKSON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4392</p> <p>Date of Disbursement 09 / 09 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6000.00

**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)

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<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) MEEHAN, PATRICK L	Transaction ID: SB23.4369 Date of Disbursement 09 / 27 / 2010
	Mailing Address 50 S PROVIDENCE ROAD	Amount of Each Disbursement this Period 1000.00
	City MEDIA State PA Zip Code 19063	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name PAT MEEHAN FOR CONGRESS	
	Office Sought: <input checked="" 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: PA District: 07	

B.	Full Name (Last, First, Middle Initial) JOHN L. MICA	Transaction ID: SB23.4370 Date of Disbursement 09 / 23 / 2010
	Mailing Address 2195 Via Tuscany	Amount of Each Disbursement this Period 1000.00
	City Winter Park State FL Zip Code 32789	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name MICA FOR CONGRESS	
	Office Sought: <input checked="" 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: FL District: 07	

C.	Full Name (Last, First, Middle Initial) JAMES L OBERSTAR	Transaction ID: SB23.4361 Date of Disbursement 09 / 22 / 2010
	Mailing Address 222 WEST FIRST STREET NORTHWEST	Amount of Each Disbursement this Period 1000.00
	City DULUTH State MN Zip Code 55802	
	Purpose of Disbursement campaign contribution	Category/ Type
	Candidate Name FRIENDS OF JIM OBERSTAR	
	Office Sought: <input checked="" 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: MN District: 08	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
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FOR LINE NUMBER:  
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<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) SCHOCK, AARON JON MR.	Transaction ID: SB23.4373 Date of Disbursement 08 / 10 / 2010
	Mailing Address 1040 East Melbourne Ave	Amount of Each Disbursement this Period 1000.00
	City Peoria State IL Zip Code 61603	
	Purpose of Disbursement	Category/Type
	Candidate Name SCHOCK FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) STEVE STIVERS	Transaction ID: SB23.4375 Date of Disbursement 09 / 10 / 2010
	Mailing Address 372 W 2nd Avenue	Amount of Each Disbursement this Period 1000.00
	City Columbus State OH Zip Code 43201	
	Purpose of Disbursement campaign contribution	Category/Type
	Candidate Name STIVERS FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) NYDIA M. VELAZQUEZ	Transaction ID: SB23.4298 Date of Disbursement 09 / 29 / 2010
	Mailing Address 315 Inspiration Lane	Amount of Each Disbursement this Period 1000.00
	City Gaithersburg State MD Zip Code 20878	
	Purpose of Disbursement campaign contribution	011 Category/Type
	Candidate Name COMMITTEE TO RE-ELECT NYDIA M. VELAZQUEZ TO CONGRE- SS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	29750.00