



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Veterinary Medical Association Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

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" style="display: inline-table; vertical-align: middle;"><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		179205.40
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	203146.40									
(c) Total Receipts (from Line 19) .....	9062.00	105203.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	212208.40	284408.40								
7. Total Disbursements (from Line 31) .....	-5950.00	66250.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	218158.40	218158.40								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Veterinary Medical Association 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) .....	7960.00	71850.00
(ii) Unitemized .....	1102.00	32353.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9062.00	104203.00
(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) .....	9062.00	104203.00
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	1000.00
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)) .....	9062.00	105203.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9062.00	105203.00

**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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-5000.00	67000.00
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 .....	-950.00	-850.00
(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)) .....	-950.00	-850.00
29. Other Disbursements.....	0.00	100.00
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))..	-5950.00	66250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-5950.00	66250.00

**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 .....	9062.00	104203.00
34. Total Contribution Refunds (from Line 28(d)) .....	-950.00	-850.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10012.00	105053.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
American Veterinary Medical Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Dr Gary C Bullard

Mailing Address 5700 Powder Springs Rd

City State Zip Code  
Austell GA 30106

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

Name of Employer Occupation  
Bullard Animal Hospital Veterinarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt: MM / DD / YYYY  
04 / 19 / 2010

**Transaction ID:** 31763309

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr George W Bishop

Mailing Address 3 The Crossroads

City State Zip Code  
Carmel CA 93923

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

Name of Employer Occupation  
Animal Hospital at the Crossroads Veterinarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt: MM / DD / YYYY  
04 / 19 / 2010

**Transaction ID:** 31763313

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr John Robert Scamahorn

Mailing Address 1674 E Range Line Rd

City State Zip Code  
Greencastle IN 46135

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

Name of Employer Occupation  
Animal Medical Clinic PC Veterinarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 382.00

Date of Receipt: MM / DD / YYYY  
04 / 23 / 2010

**Transaction ID:** 31763331

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00

**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: (check only one)	PAGE 7 / 13
	<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)  
American Veterinary Medical Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Janet Dee Donlin	Date of Receipt MM / DD / YYYY 04 / 26 / 2010
	Mailing Address 301 Starwood Pass	<b>Transaction ID:</b> 31763337
	City State Zip Code Lake in the Hills IL 60156	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Hills Pet Nutrition Inc Occupation Veterinarian Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Theodore Joel Cohn	Date of Receipt MM / DD / YYYY 04 / 27 / 2010
	Mailing Address 9350 E Aspen Hill PI	<b>Transaction ID:</b> 31763339
	City State Zip Code Lone Tree CO 80124	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer University Hills Animal Hospital Occupation Veterinarian Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr William J Mc Eniry	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address Box 477 1002 N 4th	<b>Transaction ID:</b> 31763342
	City State Zip Code Ashton IL 61006	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Self-Employed Occupation Veterinarian Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5860.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7960.00</b>

**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)  
American Veterinary Medical Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Nathan Deal for Congress</p> <p>Mailing Address P O Box 902</p> <p>City Gainesville State GA Zip Code 30503</p> <p>Purpose of Disbursement Void - Nathan Deal for Congress 12/14/2009</p> <p>Candidate Name Nathan Deal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31657013 <b>Date of Disbursement</b> 04 / 10 / 2010</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>011 Category/ Type</p> <p>Void - Nathan Deal for Congress 12/14/2009</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Boswell For Congress</p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Leonard L. Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31677938 <b>Date of Disbursement</b> 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike Bilirakis For Congress</p> <p>Mailing Address 731 Tessier Dr</p> <p>City Tarpon Springs State FL Zip Code 34689</p> <p>Purpose of Disbursement Void - Mike Bilirakis For Congress 03/29/2010</p> <p>Candidate Name Rep. Michael Bilirakis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31703701 <b>Date of Disbursement</b> 04 / 30 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Mike Bilirakis For Congress 03/29/2010</p>

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

-2000.00

**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)  
American Veterinary Medical Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Congressman Tim Holden</p> <p>Mailing Address P.O. Box 37</p> <p>City St. Clair State PA Zip Code 17970</p> <p>Purpose of Disbursement Void - Friends of Congressman Tim Holden 6/15/10</p> <p>Candidate Name Tim Holden</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31717512 <b>Date of Disbursement</b> 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Friends of Congress- man Tim Holden 6/15/10</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Citizens for Arlen Specter</p> <p>Mailing Address 426 C Street NE Carriage House</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Void - Citizens for Arlen Specter 02/19/2009</p> <p>Candidate Name Sen. Arlen Specter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31717728 <b>Date of Disbursement</b> 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Citizens for Arlen Specter 02/19/2009</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Arlen Specter</p> <p>Mailing Address 426 C Street NE Carriage House</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Void - Citizens for Arlen Specter 04/04/2008</p> <p>Candidate Name Sen. Arlen Specter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31717759 <b>Date of Disbursement</b> 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Citizens for Arlen Specter 04/04/2008</p>

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

-3000.00

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

-5000.00

**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)

PAGE 10 / 13

<input 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 checked="" 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)  
American Veterinary Medical Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr Jerome Donald Maiers  Mailing Address 12 Elmwood Ln  City Asheville State NC Zip Code 28803  Purpose of Disbursement Void - Dr Jerome Donald Maiers Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31718295 Date of Disbursement 04 / 20 / 2010  Amount of Each Disbursement this Period -100.00  Void - Dr Jerome Donald Maiers	010 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Dr Albert Gallatin Henry  Mailing Address 18 Wendover Sq  City Lynchburg State VA Zip Code 24503  Purpose of Disbursement Void - Dr Albert Gallatin Henry Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31718329 Date of Disbursement 04 / 20 / 2010  Amount of Each Disbursement this Period -100.00  Void - Dr Albert Gallatin Henry	010 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Dr Toni Renee Cloninger  Mailing Address 200 W Northwest Pky  City Southlake State TX Zip Code 76092  Purpose of Disbursement Void - Dr Toni Renee Cloninger Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 31718349 Date of Disbursement 04 / 20 / 2010  Amount of Each Disbursement this Period -100.00  Void - Dr Toni Renee Cloninger	010 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	-300.00
<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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)  
American Veterinary Medical Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr Flint Immel</p> <p>Mailing Address PO Drawer 1365</p> <p>City Mineral Wells State TX Zip Code 76067</p> <p>Purpose of Disbursement Void - Dr Flint Immel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31718461 <b>Date of Disbursement</b> 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period -100.00</p> <p>010 Category/ Type</p> <p>Void - Dr Flint Immel</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr Leslie Taylor Dicou</p> <p>Mailing Address 45 East Schoolhouse Dr</p> <p>City Woodland Hills State UT Zip Code 84653</p> <p>Purpose of Disbursement Void - Dr Leslie Taylor Dicou</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31718768 <b>Date of Disbursement</b> 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period -100.00</p> <p>010 Category/ Type</p> <p>Void - Dr Leslie Taylor Dicou</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr John A Crouter</p> <p>Mailing Address 1500 S Elms Rd</p> <p>City Flint State MI Zip Code 48532</p> <p>Purpose of Disbursement Void - Dr John A Crouter</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31718791 <b>Date of Disbursement</b> 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period -100.00</p> <p>010 Category/ Type</p> <p>Void - Dr John A Crouter</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	-300.00
<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)

PAGE 12 / 13

<input 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 checked="" 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)  
American Veterinary Medical Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr Marvin Dean Wilke</p> <p>Mailing Address RR 1 Box 159B</p> <p>City Baylis State IL Zip Code 62314-9803</p> <p>Purpose of Disbursement Void - Dr Marvin Dean Wilke</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31718819</p> <p>Date of Disbursement 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period -100.00</p> <p>010 Category/Type</p> <p>Void - Dr Marvin Dean Wilke</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr Lara Anne Orme</p> <p>Mailing Address 1508 Greenville Ave Apt 102</p> <p>City Los Angeles State CA Zip Code 90025</p> <p>Purpose of Disbursement Void - Dr Lara Anne Orme</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31718838</p> <p>Date of Disbursement 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period -100.00</p> <p>010 Category/Type</p> <p>Void - Dr Lara Anne Orme</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr J Victor Bollar</p> <p>Mailing Address PO Box 58</p> <p>City Soda Springs State ID Zip Code 83276</p> <p>Purpose of Disbursement Void - Dr J Victor Bollar</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 31718894</p> <p>Date of Disbursement 04 / 20 / 2010</p> <p>Amount of Each Disbursement this Period -50.00</p> <p>010 Category/Type</p> <p>Void - Dr J Victor Bollar</p>

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

-250.00

**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 13 / 13

<input 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 checked="" 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)

American Veterinary Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Joel I Blumberg

Mailing Address 2002 4th St

City State Zip Code  
Santa Rosa CA 95404

Purpose of Disbursement  
Void - Dr Joel I Blumberg

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 31718933

Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

-100.00

Void - Dr Joel I Blumberg

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

-100.00

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

-950.00