

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
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 13515 YARMOUTH DRIVE
 Check if different than previously reported. (ACC)
PICKERINGTON OH 43147

2. **FEC IDENTIFICATION NUMBER** C00120238
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 (12G)
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 07 01 2008 through 09 30 2008

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 Joel Moor

Signature of Treasurer Electronically Filed by Joel Moor Date 12 12 2008

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
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		89414.27
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	90359.27									
(c) Total Receipts (from Line 19)	407.50	1352.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	90766.77	90766.77								
7. Total Disbursements (from Line 31)	21500.00	21500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	69266.77	69266.77								
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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	250.00	250.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	157.50	1102.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	407.50	1352.50
(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)	407.50	1352.50
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))	407.50	1352.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	407.50	1352.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	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.....	21500.00	21500.00
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	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))..	21500.00	21500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21500.00	21500.00

DETAILED SUMMARY PAGE
of Disbursements

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	407.50	1352.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	407.50	1352.50
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 / 17
(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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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 MOTORCYCLIST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
Scott W Friedrichs

Mailing Address P.O. Box 218

City State Zip Code
Sterling IL 61081-0218

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

Name of Employer Occupation
Commonwealth Edison Lineman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	8

Transaction ID: SA11AI.4992

Amount of Each Receipt this Period
250.00

Check

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	250.00

**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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) ALEXANDER FOR SENATE 2008 INC	Transaction ID: SB23.4994 Date of Disbursement 09 / 02 / 2008
	Mailing Address 228 S WASHINGTON STREET SUITE 115	Amount of Each Disbursement this Period 1000.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement Check	
	Candidate Name ALEXANDER FOR SENATE 2008 INC	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TN District: 00	

B.	Full Name (Last, First, Middle Initial) A LOT OF PEOPLE FOR DAVE OBEY	Transaction ID: SB23.5056 Date of Disbursement 09 / 02 / 2008
	Mailing Address P O Box 1322 PO BOX 1322	Amount of Each Disbursement this Period 500.00
	City Wausau State WI Zip Code 54402	
	Purpose of Disbursement Check	
	Candidate Name A LOT OF PEOPLE FOR DAVE OBEY	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 07	

C.	Full Name (Last, First, Middle Initial) BOB FILNER FOR CONGRESS	Transaction ID: SB23.5036 Date of Disbursement 09 / 02 / 2008
	Mailing Address PO Box 121480	Amount of Each Disbursement this Period 500.00
	City Chula Vista State CA Zip Code 91912	
	Purpose of Disbursement Check	
	Candidate Name BOB FILNER FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 51	

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 MOTORCYCLIST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) BOREN FOR CONGRESS 2008 <hr/> Mailing Address PO Box 1924 <hr/> City Muskogee State OK Zip Code 74402 <hr/> Purpose of Disbursement Check Candidate Name BOREN FOR CONGRESS 2008 Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5013 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) BOSWELL FOR CONGRESS <hr/> Mailing Address PO Box 6220 <hr/> City Des Moines State IA Zip Code 50309 <hr/> Purpose of Disbursement Check Candidate Name BOSWELL FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5016 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) BUCK MCKEON FOR CONGRESS <hr/> Mailing Address 23942 Lyons Ave #105 <hr/> City Santa Clarita State CA Zip Code 91321 <hr/> Purpose of Disbursement Check Candidate Name BUCK MCKEON FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5052 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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 MOTORCYCLIST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BUTTERFIELD FOR CONGRESS COMMITTEE	Transaction ID: SB23.5022 Date of Disbursement
	Mailing Address PO Box 2571	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Wilson State NC Zip Code 27894	Amount of Each Disbursement this Period
	Purpose of Disbursement Check <input type="text"/>	<input type="text" value="500.00"/>
	Candidate Name BUTTERFIELD FOR CONGRESS COMMITTEE	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CHET EDWARDS FOR CONGRESS	Transaction ID: SB23.5034 Date of Disbursement
	Mailing Address PO Box 23273	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City WACO State TX Zip Code 76702	Amount of Each Disbursement this Period
	Purpose of Disbursement Check <input type="text"/>	<input type="text" value="500.00"/>
	Candidate Name CHET EDWARDS FOR CONGRESS	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Citizens for Tom Petri	Transaction ID: SB23.5059 Date of Disbursement
	Mailing Address P.O. Box 270	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Fond du Lac State WI Zip Code 54936	Amount of Each Disbursement this Period
	Purpose of Disbursement Check <input type="text"/>	<input type="text" value="500.00"/>
	Candidate Name Citizens for Tom Petri	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 06	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 MOTORCYCLIST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR <hr/> Mailing Address PO BOX 1096 <hr/> City BANGOR State ME Zip Code 04402 <hr/> Purpose of Disbursement Check Candidate Name COLLINS FOR SENATOR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4997 Date of Disbursement 09 / 02 / 2008
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CONAWAY FOR CONGRESS <hr/> Mailing Address PO Box 51272 <hr/> City Midland State TX Zip Code 79710 <hr/> Purpose of Disbursement Check Candidate Name K. MICHAEL HON. CONAWAY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 11 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5025 Date of Disbursement 09 / 02 / 2008
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DEFAZIO FOR CONGRESS <hr/> Mailing Address PO Box 1316 <hr/> City Springfield State OR Zip Code 97477 <hr/> Purpose of Disbursement Check Candidate Name DEFAZIO FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 04 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5029 Date of Disbursement 09 / 02 / 2008
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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 MOTORCYCLIST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) DUNCAN FOR CONGRESS	Transaction ID: SB23.5031 Date of Disbursement 09 / 02 / 2008
	Mailing Address PO BOX 2646	
	City KNOXVILLE State TN Zip Code 37901	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Check Candidate Name DUNCAN FOR CONGRESS Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ENSIGN FOR SENATE	Transaction ID: SB23.5000 Date of Disbursement 09 / 02 / 2008
	Mailing Address PO BOX 370667	
	City LAS VEGAS State NV Zip Code 89137	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Check Candidate Name ENSIGN FOR SENATE Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FEINGOLD SENATE COMMITTEE	Transaction ID: SB23.5004 Date of Disbursement 09 / 02 / 2008
	Mailing Address PO BOX 620062	
	City MIDDLETON State WI Zip Code 53562	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Check Candidate Name RUSSELL D FEINGOLD Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)
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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 MOTORCYCLIST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Friends of Jim Oberstar Mailing Address 222 West first Street City Duluth State MN Zip Code 55802 Purpose of Disbursement Check Candidate Name Friends of Jim Oberstar Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 08	Transaction ID: SB23.5055 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT Mailing Address PO Box 50100 PO Box 50100 City Springfield State MO Zip Code 65805 Purpose of Disbursement Check Candidate Name ROY BLUNT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07	Transaction ID: SB23.5010 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GIFFORDS FOR CONGRESS Mailing Address PO Box 12886 City Tucson State AZ Zip Code 85732 Purpose of Disbursement Check Candidate Name GIFFORDS FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08	Transaction ID: SB23.5039 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

<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 MOTORCYCLIST POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS</p> <p>Mailing Address 2345 Grand, Suite 2400</p> <p>City Kansas City State MO Zip Code 64108</p> <p>Purpose of Disbursement Check</p> <p>Candidate Name SAMUEL B 'SAM' GRAVES</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5042</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) KLINE FOR CONGRESS</p> <p>Mailing Address 101 W Burnsville Pkwy, Suite 104 Suite 104</p> <p>City Burnsville State MN Zip Code 55337</p> <p>Purpose of Disbursement Check</p> <p>Candidate Name JOHN P. KLINE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5048</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) KUHLMAN FOR CONGRESS</p> <p>Mailing Address 10 GANESVOORT STREET</p> <p>City BATH State NY Zip Code 14810</p> <p>Purpose of Disbursement Check</p> <p>Candidate Name KUHLMAN FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 29</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5049</p> <p>Date of Disbursement 09 / 02 / 2008</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)

<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 MOTORCYCLIST POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS	Transaction ID: SB23.5019 Date of Disbursement
	Mailing Address PO Box 2334	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period
	Purpose of Disbursement Check	<input type="text" value="1000.00"/>
	Candidate Name MICHAEL C DR. BURGESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) NATHAN DEAL FOR CONGRESS	Transaction ID: SB23.5026 Date of Disbursement
	Mailing Address PO BOX 902 PO BOX 902	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City GAINESVILLE State GA Zip Code 30503	Amount of Each Disbursement this Period
	Purpose of Disbursement Check	<input type="text" value="500.00"/>
	Candidate Name NATHAN DEAL FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) REHBERG FOR CONGRESS	Transaction ID: SB23.5060 Date of Disbursement
	Mailing Address P.O. Box 1597	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Helena State MT Zip Code 59624	Amount of Each Disbursement this Period
	Purpose of Disbursement Check	<input type="text" value="500.00"/>
	Candidate Name REHBERG FOR CONGRESS	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) ROB BISHOP FOR CONGRESS</p> <p>Mailing Address PO Box 2004</p> <p>City Bringham City State UT Zip Code 84302</p> <p>Purpose of Disbursement Check</p> <p>Candidate Name ROB BISHOP FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5007</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement Check</p> <p>Candidate Name STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5045</p> <p>Date of Disbursement 09 / 02 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>C. Full Name (Last, First, Middle Initial) STUPAK FOR CONGRESS</p> <p>Mailing Address 817 Ninth Avenue P.O. Box 156 PO BOX 143</p> <p>City Menominee State MI Zip Code 49858</p> <p>Purpose of Disbursement Check</p> <p>Candidate Name STUPAK FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5064</p> <p>Date of Disbursement 09 / 02 / 2008</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)

<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 MOTORCYCLIST POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) TIM WALZ FOR US CONGRESS <hr/> Mailing Address PO Box 938 <hr/> City Mankato State MN Zip Code 56002 <hr/> Purpose of Disbursement Check <input type="checkbox"/> Candidate Name TIM WALZ FOR US CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 01 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5071 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS <hr/> Mailing Address PO Box 5458 PO BOX 5458 <hr/> City Springfield State IL Zip Code 62705 <hr/> Purpose of Disbursement Check <input type="checkbox"/> Candidate Name JOHN M SHIMKUS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5061 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WALBERG FOR CONGRESS <hr/> Mailing Address 6769 Teachout Rd. <hr/> City Tipton State MI Zip Code 49287 <hr/> Purpose of Disbursement Check <input type="checkbox"/> Candidate Name WALBERG FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5067 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

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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)
AMERICAN MOTORCYCLIST POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)
WALDEN FOR CONGRESS

Transaction ID: SB23.5068

Date of Disbursement

Mailing Address PO Box 1091

^M 0	^M 9	/	^D 0	^D 2	/	^Y 2	^Y 0	^Y 0	^Y 8
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City Hood River State OR Zip Code 97031

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Check

--

Candidate Name
WALDEN FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: OR District: 02

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

21500.00
