

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 Veterinary Medical Association Political Action Committee

ADDRESS (number and street) 1910 Sunderland Place, NW
 Check if different than previously reported. (ACC)
Washington DC 20036

2. **FEC IDENTIFICATION NUMBER** C00114132
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 05 01 2011 through 05 31 2011

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 Dr. Wally Kraft

Signature of Treasurer Electronically Filed by Dr. Wally Kraft Date 06 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 **FEC FORM 3X** (Rev. 12/2004)

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	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		141500.65
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	109525.65									
(c) Total Receipts (from Line 19)	9025.00	93775.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	118550.65	235275.65								
7. Total Disbursements (from Line 31)	38000.00	154725.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	80550.65	80550.65								
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 Veterinary Medical Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	8465.00	62235.00
(ii) Unitemized	560.00	31540.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9025.00	93775.00
(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)	9025.00	93775.00
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))	9025.00	93775.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9025.00	93775.00

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.....	38000.00	154000.00
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	300.00
(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	300.00
29. Other Disbursements.....	0.00	425.00
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))..	38000.00	154725.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38000.00	154725.00

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)	9025.00	93775.00
34. Total Contribution Refunds (from Line 28(d))	0.00	300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9025.00	93475.00
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 / 12
(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)
American Veterinary Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Harold T Trimmer

Mailing Address HC 33 Box 39
1455 Sandstone

City Las Vegas State NV Zip Code 89161

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

Name of Employer Occupation
Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
05 / 05 / 2011

Transaction ID: 33301132

Amount of Each Receipt this Period
5000.00

B.

Full Name (Last, First, Middle Initial)
Dr Robert Melvin Thompson

Mailing Address 792 Old School House Rd

City Middletown State DE Zip Code 19709

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

Name of Employer Occupation
Lums Pond Animal Hospital Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2011

Transaction ID: 33301134

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Stacy Leeann Pritt

Mailing Address 3172 Ashbrook Dr

City Chino Hills State CA Zip Code 91709

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

Name of Employer Occupation
Biological Test Center Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
05 / 06 / 2011

Transaction ID: 33301135

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional) ► **5615.00**

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 7 / 12
(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)
American Veterinary Medical Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Dr Larry C Kidwell</p> <p>Mailing Address 5830 Washington Blvd</p> <p>City State Zip Code Culver City CA 90232-7387</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Culver City Animal Hospital</p> <p>Occupation Veterinarian</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 05 / 16 / 2011</p> <p>Transaction ID: 33347957</p> <p>Amount of Each Receipt this Period 1000.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr Larry R Corry</p> <p>Mailing Address 2780 Drayton Hall Dr</p> <p>City State Zip Code Buford GA 30519</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Centerville Animal Hospital</p> <p>Occupation Veterinarian</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>	<p>Date of Receipt 05 / 11 / 2011</p> <p>Transaction ID: 33347958</p> <p>Amount of Each Receipt this Period 500.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr Jeff D Grady</p> <p>Mailing Address 338 Circlewood Ln</p> <p>City State Zip Code Cincinnati OH 45215-4109</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Grady Veterinary Hospital</p> <p>Occupation Veterinarian</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 05 / 17 / 2011</p> <p>Transaction ID: 33347959</p> <p>Amount of Each Receipt this Period 250.00</p>
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SUBTOTAL of Receipts This Page (optional)	1750.00
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 8 / 12
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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

A.

Full Name (Last, First, Middle Initial) Dr John Robert Scamahorn		Date of Receipt	
Mailing Address 1674 E Range Line Rd		MM / DD / YYYY 05 / 25 / 2011	
City	State	Zip Code	Transaction ID: 33375906
Greencastle	IN	46135	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		100.00	
Name of Employer Animal Medical Clinic PC		Occupation Veterinarian	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Dr Joan M Samuels		Date of Receipt	
Mailing Address 914 W Hwy 246		MM / DD / YYYY 05 / 27 / 2011	
City	State	Zip Code	Transaction ID: 33378298
Buellton	CA	93427	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		1000.00	
Name of Employer Buellton Veterinary Clinic		Occupation Veterinarian	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1100.00
TOTAL This Period (last page this line number only)	8465.00

**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 Veterinary Medical Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Mccaskill For Missouri 2012</p> <p>Mailing Address 700 13th Street Nw Suite 600</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Claire McCaskill</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MO District:</p>	<p>Transaction ID: 33355900 Date of Disbursement 05 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Sherrod Brown</p> <p>Mailing Address PO Box 76187</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District:</p>	<p>Transaction ID: 33355901 Date of Disbursement 05 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Nunnelee For Congress</p> <p>Mailing Address 438 East Main St PO Box 7092</p> <p>City Tupelo State MS Zip Code 38802</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Alan Nunnelee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MS District: 01</p>	<p>Transaction ID: 33355902 Date of Disbursement 05 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional)	4000.00
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

A. Full Name (Last, First, Middle Initial) Republican National Committee <hr/> Mailing Address 310 First Street, SE <hr/> City Washington State DC Zip Code 20003 Purpose of Disbursement <hr/> Candidate Name Republican National Committee 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: 33355904 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 15000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B. Full Name (Last, First, Middle Initial) America's Leadership PAC <hr/> Mailing Address 328 Massachusetts Ave NE; Suite 4 <hr/> City Washington State DC Zip Code 20002 Purpose of Disbursement <hr/> Candidate Name America's Leadership PAC 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: 33355905 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C. Full Name (Last, First, Middle Initial) South Dakota First PAC <hr/> Mailing Address PO Box 155 <hr/> City Sioux Falls State SD Zip Code 57101 Purpose of Disbursement <hr/> Candidate Name South Dakota First PAC 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: 33355907 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	25000.00
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 Veterinary Medical Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kansans For Huelskamp	Transaction ID: 33355927 Date of Disbursement 05 / 23 / 2011
	Mailing Address PO Box 410	Amount of Each Disbursement this Period 1000.00
	City Fowler State KS Zip Code 67844	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Tim Huelskamp	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Joe Pitts	Transaction ID: 33355928 Date of Disbursement 05 / 23 / 2011
	Mailing Address PO Box 775	Amount of Each Disbursement this Period 1000.00
	City Unionville State PA Zip Code 19375	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Joseph Pitts	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Sanford D. Bishop, Jr. for Congress	Transaction ID: 33355932 Date of Disbursement 05 / 23 / 2011
	Mailing Address PO Box 6020	Amount of Each Disbursement this Period 1000.00
	City Albany State GA Zip Code 31705	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sanford Bishop	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input 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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Veterinary Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Renee Ellmers For Congress Committee Mailing Address P.O. Box 904 City Dunn State NC Zip Code 28335 Purpose of Disbursement Candidate Name Rep. Renee Ellmers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33355935 Date of Disbursement 05 / 23 / 2011
	Amount of Each Disbursement this Period 1000.00 011 Category/ Type
B. Full Name (Last, First, Middle Initial) Friends Of John Boehner Mailing Address 7908 Cincinnati Dayton Road Suite I City West Chester State OH Zip Code 45069 Purpose of Disbursement Candidate Name Rep. John A. Boehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 33355938 Date of Disbursement 05 / 23 / 2011
	Amount of Each Disbursement this Period 5000.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

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

38000.00