

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)

- 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)
----------------------------------------	---------------------------------------	----------------------------------------

Election on _____ in the State of _____

5. Covering Period 04 01 2010 through 06 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)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

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"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		16008.53
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	11543.78									
(c) Total Receipts (from Line 19)	36100.00	40100.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47643.78	56108.53								
7. Total Disbursements (from Line 31)	15882.04	24346.79								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31761.74	31761.74								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	36100.00	40100.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	36100.00	40100.00
(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)	36100.00	40100.00
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))	36100.00	40100.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	36100.00	40100.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	132.04	150.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	132.04	150.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15750.00	24196.63
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))..	15882.04	24346.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15882.04	24346.79

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	36100.00	40100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	36100.00	40100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	132.04	150.16
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	132.04	150.16

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A.	Full Name (Last, First, Middle Initial) Diane Benck	Date of Receipt MM / DD / YYYY 04 / 21 / 2010
	Mailing Address 1908 W. Cortland St.	Transaction ID: SA11AI.4153
	City State Zip Code Chicago IL 60622	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation West Side Tractor 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.	Full Name (Last, First, Middle Initial) Fred F. Berry	Date of Receipt MM / DD / YYYY 06 / 25 / 2010
	Mailing Address PO Box 829	Transaction ID: SA11AI.4186
	City State Zip Code Wichita KS 67201-0829	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Berry Companies, Inc. Construction Equipment Distributor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

C.	Full Name (Last, First, Middle Initial) Walter T Berry	Date of Receipt MM / DD / YYYY 04 / 21 / 2010
	Mailing Address 3550 N. 127th St. E.	Transaction ID: SA11AI.4157
	City State Zip Code Wichita KS 67226	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Berry Companies, Inc. Construction Equipment Distributor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	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 / 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

A.	Full Name (Last, First, Middle Initial) Paul W Campbell		Date of Receipt	
	Mailing Address 647 Mountain View Cir		M M / D D / Y Y Y Y Y 06 / 16 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.4176
	Salt Lake City	UT	84054-3344	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Wheeler Machinery		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.	Full Name (Last, First, Middle Initial) Robert B Campbell		Date of Receipt	
	Mailing Address 8047 Farm Brook Way		M M / D D / Y Y Y Y Y 06 / 16 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.4174
	Sandy	UT	84093-6484	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		1000.00	
Name of Employer Wheeler Machinery		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		

C.	Full Name (Last, First, Middle Initial) Donald Chambers		Date of Receipt	
	Mailing Address 1317 Cog Hill Court		M M / D D / Y Y Y Y Y 05 / 18 / 2010	
	City	State	Zip Code	Transaction ID: SA11AI.4151
	Rock Hill	SC	29730	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		2500.00	
Name of Employer Unified Equipment Resources		Occupation Construction Equipment Distributor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		2500.00		

SUBTOTAL of Receipts This Page (optional)	▶	4500.00
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 8 / 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

A.	Full Name (Last, First, Middle Initial) C.E. Thomas Cleveland	Date of Receipt MM / DD / YYYY 06 / 16 / 2010
	Mailing Address 409 Central Drive	Transaction ID: SA11AI.4178
	City State Zip Code Briarcliff Manor NY 10510	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer H.O Penn Machinery & Supply Co	Occupation Construction Equipment Distributor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) James Cowin	Date of Receipt MM / DD / YYYY 05 / 06 / 2010
	Mailing Address PO Box 2766	Transaction ID: SA11AI.4166
	City State Zip Code Birmingham AL 35202	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Cowin Equipment Company Inc	Occupation Construction Equipment Distributor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Roy C Gaylor	Date of Receipt MM / DD / YYYY 05 / 06 / 2010
	Mailing Address 12440 Amberset Drive	Transaction ID: SA11AI.4164
	City State Zip Code Knoxville TN 37922	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Power 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	

SUBTOTAL of Receipts This Page (optional)	▶	4000.00
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 9 / 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

A.	Full Name (Last, First, Middle Initial) Lawrence F Glynn		Date of Receipt
	Mailing Address 8022 Rosiline Dr.		<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Clayton	MO	63105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4155
Name of Employer CMW Equipment		Occupation Construction Equipment Distributor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

B.	Full Name (Last, First, Middle Initial) Dennis J Heller		Date of Receipt
	Mailing Address 7201 Paxton Street		<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Harrisburg	PA	17111
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4172
Name of Employer Stephenson Equipment, Inc.		Occupation Construction Equipment Distributor	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
		<input type="text" value="1000.00"/>	

C.	Full Name (Last, First, Middle Initial) Gayle P Humphries		Date of Receipt
	Mailing Address 121 Longleaf Circle		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Pooler	GA	31322
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4182
Name of Employer Unified Equipment Resources		Occupation Construction Equipment Distributorship	Amount of Each Receipt this Period
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"/>
		<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 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)
Elizabeth R Partin

Mailing Address 1 Rockwood Court

City Pooler State GA Zip Code 31322

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

Name of Employer Unified Equipment Resources Occupation Construction Equipment Distributor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 05 / 18 / 2010

Transaction ID: SA11AI.4184

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Candance J Piper

Mailing Address 85 Windsong Lane

City Richmond Hill State GA Zip Code 31324

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

Name of Employer Unified Equipment Resources Occupation Construction Equipment Distributor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 05 / 18 / 2010

Transaction ID: SA11AI.4168

Amount of Each Receipt this Period 1000.00

C.

Full Name (Last, First, Middle Initial)
Michael Quirk

Mailing Address 2221 Table Drive

City Golden State CO Zip Code 80401

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

Name of Employer Wagner Equipment Co. Occupation Construction Equipment Distributor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY 05 / 06 / 2010

Transaction ID: SA11AI.4162

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 2250.00

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 11 / 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

A.	Full Name (Last, First, Middle Initial) William Reardon		Date of Receipt																					
	Mailing Address PO Box 15728		<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>5</td><td></td><td>1</td><td>8</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	5		1	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	8		2	0	1	0														
City State Zip Code Savannah GA 31416		Transaction ID: SA11AI.4170																						
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																						
Name of Employer Unified Equipment Resources		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.	Full Name (Last, First, Middle Initial) John A Riggs		Date of Receipt																					
	Mailing Address 21 Ridgeview Dr		<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>6</td><td></td><td>1</td><td>6</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	6		1	6		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		1	6		2	0	1	0														
City State Zip Code Little Rock AR 72227		Transaction ID: SA11AI.4180																						
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00																						
Name of Employer J. A. Riggs Tractor 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																						

C.	Full Name (Last, First, Middle Initial) Donna Y Stephenson		Date of Receipt																					
	Mailing Address PO Box 43326		<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>6</td><td></td><td>2</td><td>5</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	6		2	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		2	5		2	0	1	0														
City State Zip Code Atlanta GA 30336-0326		Transaction ID: SA11AI.4143																						
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00																						
Name of Employer Yancey Bros. Co.		Occupation Construction Equipment Distributor																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00																						

SUBTOTAL of Receipts This Page (optional)	▶	7000.00
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"/>	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

A.

Full Name (Last, First, Middle Initial)
James E Stephenson

Mailing Address PO Box 43326

City Atlanta State GA Zip Code 30336-0326

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

Name of Employer Yancey Bros. Co. Occupation Construction Equipment Distributor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 25 / 2010
Transaction ID: SA11AI.4145
Amount of Each Receipt this Period: 5000.00

B.

Full Name (Last, First, Middle Initial)
Harry W Stowers

Mailing Address 8733 Inlet Drive

City Knoxville State TN Zip Code 37922-6459

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

Name of Employer Stowers Machinery Corporation Occupation Construction Equipment Distributor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 04 / 21 / 2010
Transaction ID: SA11AI.4149
Amount of Each Receipt this Period: 2500.00

C.

Full Name (Last, First, Middle Initial)
Kenneth E Taylor

Mailing Address 19501 Argyle Oval

City Rocky River State OH Zip Code 44116-1604

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

Name of Employer Ohio CAT Occupation Construction Equipment Distributor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 06 / 18 / 2010
Transaction ID: SA11AI.4141
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ► **12500.00**

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 13 / 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.	Full Name (Last, First, Middle Initial) Gerald W Tracey		Date of Receipt																					
	Mailing Address 6082 Hiller Drice		<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>4</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	4		2	1		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		2	1		2	0	1	0														
	City	State	Zip Code	Transaction ID: SA11AI.4159																				
Cicero	NY	13039	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		1250.00																					
Name of Employer Tracey Road Equipment	Occupation Construction Equipment Distributor																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		1250.00																					

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	36100.00

**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 14 / 19

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

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

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.4246 Date of Disbursement
	Mailing Address PO Box 53852	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="36.88"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Merchant Bankcard	Transaction ID: SB21B.4138 Date of Disbursement
	Mailing Address C/O Chase Paymentech P.O. Box 809001	<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75380-9001	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="65.24"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Merchant Bankcard	Transaction ID: SB21B.4140 Date of Disbursement
	Mailing Address C/O Chase Paymentech P.O. Box 809001	<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Dallas State TX Zip Code 75380-9001	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="26.92"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="129.04"/>
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)

PAGE 15 / 19

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

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

A.	Full Name (Last, First, Middle Initial) PNC Merchant Services	Transaction ID: SB21B.4133 Date of Disbursement
	Mailing Address One PNC Plaza	<input type="text" value="04"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Pittsburgh State PA Zip Code 15265-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="1.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) PNC Merchant Services	Transaction ID: SB21B.4136 Date of Disbursement
	Mailing Address One PNC Plaza	<input type="text" value="05"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Pittsburgh State PA Zip Code 15265-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="1.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) PNC Merchant Services	Transaction ID: SB21B.4137 Date of Disbursement
	Mailing Address One PNC Plaza	<input type="text" value="06"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Pittsburgh State PA Zip Code 15265-0000	Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Fee	<input type="text" value="1.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="132.04"/>

**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 16 / 19

<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) Association of Equipment Manufacturers <hr/> Mailing Address 6767 W. Washington Street Ste. 2400 <hr/> City Milwaukee State WI Zip Code 53214-5650 <hr/> Purpose of Disbursement Voided Check # 2249: In--Kind: Reimbursement for meeting room rental fee Candidate Name FRANK SCATURRO <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4243 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period -100.00
	Category/ Type

B. Full Name (Last, First, Middle Initial) Association of Equipment Manufacturers <hr/> Mailing Address 6767 W. Washington Street Ste. 2400 <hr/> City Milwaukee State WI Zip Code 53214-5650 <hr/> Purpose of Disbursement Replace Voided Check #2249: In--Kind: Reimbursement for meeting room rental fee Candidate Name FRANK SCATURRO <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4244 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 100.00
	Category/ Type

C. Full Name (Last, First, Middle Initial) Blanche Lincoln for Senate <hr/> Mailing Address PO BOX 3197 <hr/> City LITTLE ROCK State AR Zip Code 72203 <hr/> Purpose of Disbursement Campaign Contribution Candidate Name BLANCHE L LINCOLN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4101 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2500.00
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	2500.00
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)
ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) DJOU FOR HAWAII</p> <p>Mailing Address PO BOX 235280</p> <p>City HONOLULU State HI Zip Code 96823</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name CHARLES KONG DJOU</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: HI District: 01</p>	<p>Transaction ID: SB23.4108</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS</p> <p>Mailing Address PO BOX 2408</p> <p>City LOVELAND State CO Zip Code 80539</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name CORY GARDNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 04</p>	<p>Transaction ID: SB23.4111</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>C. Full Name (Last, First, Middle Initial) KIRK FOR SENATE</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name MARK STEVEN KIRK</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 00</p>	<p>Transaction ID: SB23.4098</p> <p>Date of Disbursement 04 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 4500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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>A. Full Name (Last, First, Middle Initial) MICA FOR CONGRESS</p> <p>Mailing Address P. O. Box 181546</p> <p>City Casselberry State FL Zip Code 32718</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name JOHN L. MICA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District: 07</p>	<p>Transaction ID: SB23.4120</p> <p>Date of Disbursement 06 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MIKE MCMAHON FOR CONGRESS</p> <p>Mailing Address 66 Arnold Street</p> <p>City Staten Island State NY Zip Code 10301</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name MICHAEL E. MCMAHON</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 13</p>	<p>Transaction ID: SB23.4117</p> <p>Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) PAT MEEHAN FOR CONGRESS</p> <p>Mailing Address 5035 TOWNSHIP LINE ROAD PO BOX 308</p> <p>City DREXEL HILL State PA Zip Code 19026</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name PATRICK L MEEHAN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 07</p>	<p>Transaction ID: SB23.4105</p> <p>Date of Disbursement 05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS</p> <p>Mailing Address 4679 Winterset Drive</p> <p>City Columbus State OH Zip Code 43220</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name STEVE STIVERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4123 Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE</p> <p>Mailing Address 2720 JORDAN ROAD</p> <p>City OREFIELD State PA Zip Code 18069</p> <p>Purpose of Disbursement Campaign Contribution</p> <p>Candidate Name PATRICK JOSEPH TOOMEY</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4114 Date of Disbursement 05 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Wagner Equipment</p> <p>Mailing Address 805 W 39th</p> <p>City Denver State CO Zip Code 80216</p> <p>Purpose of Disbursement In-Kind: Reimbursement for Room Rental and Refreshments</p> <p>Candidate Name CORY GARDNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4129 Date of Disbursement 05 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>

SUBTOTAL of Disbursements This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	15750.00