

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

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 ▲ ZIP CODE ▲

C C00010124

3. IS THIS REPORT NEW (N) OR AMENDED (A)  AMENDED (A)

### 4. TYPE OF REPORT

- (a) Quarterly Reports:
  - April 15 Quarterly Report (Q1)
  - July 15 Quarterly Report (Q2)
  - October 15 Quarterly Report (Q3)
  - January 31 Year-End Report (YE)
  - July 31 Mid-Year Report (Non-election Year Only) (MY)
  - Termination Report (TER)

- (b) Monthly Report Due On:
  - Feb 20 (M2)
  - Mar 20 (M3)
  - Apr 20 (M4)
  - May 20 (M5)
  - Jun 20 (M6)
  - Jul 20 (M7)
  - Aug 20 (M8)
  - Sep 20 (M9)
  - Oct 20 (M10)
  - Nov 20 (M11) (Non-Election Year Only)
  - Dec 20 (M12) (Non-Election Year Only)
  - Jan 31 (YE)

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

 Election on [MM] / [DD] / [YYYY] in the State of [ ]

(d) 30-Day POST-Election Report for the:
 

- General (30G)
- Runoff (30R)
- Special (30S)

 Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period 07 / 01 / 2014 through 09 / 30 / 2014

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 Christian A Klein [Electronically Filed] Date 12 / 04 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="40388.56"/>	<input type="text" value="40388.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="32953.66"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="43200.00"/>	<input type="text" value="88350.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="76153.66"/>	<input type="text" value="128738.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22855.04"/>	<input type="text" value="75439.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="53298.62"/>	<input type="text" value="53298.62"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**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).....	40000.00	84000.00
(ii) Unitemized .....	200.00	350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	40200.00	84350.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	42200.00	86350.00
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.....	1000.00	2000.00
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 Transfers (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))..... ▶	43200.00	88350.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	43200.00	88350.00

**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) Allocated 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 .....	355.04	939.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	355.04	939.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	69500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	5000.00
(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	5000.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	22855.04	75439.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22855.04	75439.94

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	42200.00	86350.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	42200.00	81350.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	355.04	939.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	355.04	939.94

**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 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Diane Benck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1908 W. Cortland St.  
 City Chicago State IL Zip Code 60622  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer West Side Tractor Occupation Construction Equipment Distributor  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2014  
**Transaction ID : SA11AI.5425**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date ▼  
 1000.00

**B. Craig Burkert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9225 Guernsey Lane  
 City Dallas State TX Zip Code 75220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ROMCO Equipment Occupation Construction Equipment Distributor  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : SA11AI.5429**  
 Amount of Each Receipt this Period  
 1500.00  
 Aggregate Year-to-Date ▼  
 1500.00

**C. Charles F. Clarkson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1011 Brazos Dr  
 City Southlake State TX Zip Code 76092-6027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ROMCO Equipment Occupation Construction Equipment Distributor  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : SA11AI.5428**  
 Amount of Each Receipt this Period  
 1500.00  
 Aggregate Year-to-Date ▼  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. James Cowin</b>			Date of Receipt MM / DD / YYYY 09 / 29 / 2014 <b>Transaction ID : SA11AI.5408</b>
Mailing Address PO Box 2766			Amount of Each Receipt this Period 5000.00
City Birmingham	State AL	Zip Code 35202	
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 ▼ 5000.00		

Full Name (Last, First, Middle Initial) <b>B. Jessica Eyde</b>			Date of Receipt MM / DD / YYYY 07 / 17 / 2014 <b>Transaction ID : SA11AI.5426</b>
Mailing Address 121 Mountain View Rd			Amount of Each Receipt this Period 250.00
City Butte	State MT	Zip Code 59701-7640	
FEC ID number of contributing federal political committee. C			
Name of Employer Pioneere Equipment & Supply Co	Occupation Construction Equipment Distribution		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C. Ryan Greenawalt</b>			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : SA11AI.5482</b>
Mailing Address 960 Newport Road			Amount of Each Receipt this Period 1000.00 campaign contribution
City Ann Arbor	State MI	Zip Code 48103	
FEC ID number of contributing federal political committee. C			
Name of Employer Alta Equipment Company	Occupation equipment dealer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
<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**

Full Name (Last, First, Middle Initial) <b>A. Roy Kern</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 28 / 2014
Mailing Address 107 Teaberry Ln			<b>Transaction ID : SA11AI.5413</b>
City Venetia	State PA	Zip Code 15367	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Equipment Corporation of Ameri	Occupation Equipment Distributor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Tom Kirchoff</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2014
Mailing Address PO Box 2535			<b>Transaction ID : SA11AI.5410</b>
City Harrisburg	State PA	Zip Code 17105	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Cleveland Brothers Equipment	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		

Full Name (Last, First, Middle Initial) <b>C. Paul Liesem</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2014
Mailing Address 223 Brook Bend Dr.			<b>Transaction ID : SA11AI.5430</b>
City Akron	State OH	Zip Code 44333-1739	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Ohio CAT	Occupation Construction Equipment Distributor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Chris MacAllister**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7515 E 30th Street  
 City Indianapolis State IN Zip Code 46226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MacAllister Machinery Co. Occupation Construction equipment distributor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : SA11AI.5418**  
 Amount of Each Receipt this Period  
 1000.00

**B. Brian McGuire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Jessica Lane  
 City Barlett State IL Zip Code 60103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Associated Equipment Distribut Occupation Association executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014  
**Transaction ID : SA11AI.5489**  
 Amount of Each Receipt this Period  
 250.00

**C. Robert G. Mullins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 706 Garraty CT  
 City San Antonio State TX Zip Code 78209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ROMCO Equipment Co. Occupation Construction equipment distributor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 28 / 2014  
**Transaction ID : SA11AI.5486**  
 Amount of Each Receipt this Period  
 1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
	<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. Christopher J. Palmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1099  
 City Williston State VT Zip Code 05495  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wood's CRW Corp. Occupation construction equipment dealer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2014  
**Transaction ID : SA11AI.5421**  
 Amount of Each Receipt this Period  
 1000.00

**B. James Parker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 26 Hyde Park Drive  
 City Morton State IL Zip Code 61550  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carter Machinery Occupation Equipment dealer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2014  
**Transaction ID : SA11AI.5484**  
 Amount of Each Receipt this Period  
 1000.00

**C. John A Riggs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Ridgeview Dr  
 City Little Rock State AR Zip Code 72227  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer J. A. Riggs Tractor Co. Occupation Construction Equipment Distributor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2014  
**Transaction ID : SA11AI.5412**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
<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. Michael Rooney**  
Full Name (Last, First, Middle Initial)

Mailing Address 3363 Fairing Road

City Birmingham State AL Zip Code 35223

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

Name of Employer Thompson Tractor Co., Inc. Occupation Construction Equipment Distributor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 18 / 2014  
**Transaction ID : SA11AI.5414**

Amount of Each Receipt this Period 2500.00

**B. Jeff Scott**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 57157

City Salt Lake City State UT Zip Code 84157

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

Name of Employer Bobcat of the Rockies Occupation Equipment Distributor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 28 / 2014  
**Transaction ID : SA11AI.5417**

Amount of Each Receipt this Period 1000.00

**C. Michael M Sill II**  
Full Name (Last, First, Middle Initial)

Mailing Address 6385 Oxbow Bnd

City Chanhassen State MN Zip Code 55317-9128

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

Name of Employer Road Machinery & Supplies Co. Occupation Construction Equipment Distribution

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 17 / 2014  
**Transaction ID : SA11AI.5415**

Amount of Each Receipt this Period 1000.00

**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 12 OF 26
	<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. Michael Soley Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address N60 W38422 Hawthorne Drive

City Oconomowoc	State WI	Zip Code 53066
--------------------	-------------	-------------------

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

Name of Employer Miller, Bradford & Risberg, In	Occupation Construction Equipment Distributor
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2014

**Transaction ID : SA11AI.5487**

Amount of Each Receipt this Period  
1000.00

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

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  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

**Transaction ID : SA11AI.5411**

Amount of Each Receipt this Period  
2500.00

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

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  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

**Transaction ID : SA11AI.5407**

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
	<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. Dennis Vander Molen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Green Oak Cv  
 City Clinton State MS Zip Code 39056-9749  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vermeer MidSouth, Inc. Occupation Construction equipment distributor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 22 / 2014  
**Transaction ID : SA11AI.5423**  
 Amount of Each Receipt this Period 1000.00

**B. Gary D. Vaughn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9820 Stonebridge Drive  
 City Yukon State OK Zip Code 73099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer OCT Equipment, Inc. Occupation Construction Equipment Distributor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 11 / 2014  
**Transaction ID : SA11AI.5422**  
 Amount of Each Receipt this Period 1000.00

**C. Michael E. Walsh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7042 Forrest Trails Road  
 City Butler State PA Zip Code 16002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Walsh Equipment Inc. Occupation Construction Equipment Distributor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 18 / 2014  
**Transaction ID : SA11AI.5416**  
 Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**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 14 OF 26  
(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)  
**Charles R. Wood**

Mailing Address PO Box 1099

City Williston State VT Zip Code 05495

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

Name of Employer Wood's CRW Corp. Occupation construction equipment dealer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11AI.5419**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	40000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 26  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. VERMEER EQUIPMENT OF TEXAS PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3025 STATE HWY 161

City IRVING	State TX	Zip Code 75062
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00535179

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	11	/	2014

**Transaction ID : SA11C.5488**

Amount of Each Receipt this Period  
2000.00

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

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

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

FOR LINE NUMBER: PAGE 16 OF 26  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" 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. MATHESON FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 521048  
City SALT LAKE CITY State UT Zip Code 84152  
FEC ID number of contributing federal political committee. **C** C00344721  
Name of Employer Occupation  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 29 / 2014  
**Transaction ID : SA16.5481**  
Amount of Each Receipt this Period  
1000.00  
Refund of previously cut PAC check

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00



**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 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**

Full Name (Last, First, Middle Initial)

**A. Merchant Bankcard**

Mailing Address C/O Chase Paymentech  
P.O. Box 809001

City Dallas State TX Zip Code 75380-9001

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		03		2014

**Transaction ID : SB21B.5474**

Amount of Each Disbursement this Period

24.90
-------

Full Name (Last, First, Middle Initial)

**B. Merchant Bankcard**

Mailing Address C/O Chase Paymentech  
P.O. Box 809001

City Dallas State TX Zip Code 75380-9001

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		05		2014

**Transaction ID : SB21B.5475**

Amount of Each Disbursement this Period

139.37
--------

Full Name (Last, First, Middle Initial)

**C. Merchant Bankcard**

Mailing Address C/O Chase Paymentech  
P.O. Box 809001

City Dallas State TX Zip Code 75380-9001

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

**Transaction ID : SB21B.5476**

Amount of Each Disbursement this Period

131.27
--------

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

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

295.54
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295.54
--------

**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**

Full Name (Last, First, Middle Initial)

**A. BILL SHUSTER FOR CONGRESS**

Mailing Address PO BOX 27

City: HOLLIDAYSBURGH State: PA Zip Code: 16648

Purpose of Disbursement

Candidate Name

**WILLIAM MR. SHUSTER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 09

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : SB23.5492**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. BUCSHON FOR CONGRESS**

Mailing Address PO BOX 250

City: NEWBURGH State: IN Zip Code: 47629

Purpose of Disbursement

Candidate Name

**Larry Bucshon**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IN District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : SB23.5458**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CRAMER FOR CONGRESS**

Mailing Address PO BOX 396

City: BISMARCK State: ND Zip Code: 58502

Purpose of Disbursement

Candidate Name

**Kevin Cramer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: ND District:

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

**Transaction ID : SB23.5440**

Amount of Each Disbursement this Period

1000.00

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

3500.00

**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**

Full Name (Last, First, Middle Initial)

**A. DEFAZIO FOR CONGRESS**

Mailing Address PO Box 1316

City Springfield State OR Zip Code 97477

Purpose of Disbursement

Candidate Name

**PETER A DEFAZIO**

Office Sought:  House  
 Senate  
 President

State: OR District: 04

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

Transaction ID : **SB23.5454**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. DUCKWORTH FOR CONGRESS**

Mailing Address P.O. BOX 59568

City SCHAUMBURG State IL Zip Code 60159

Purpose of Disbursement

Candidate Name

**Tammy Duckworth**

Office Sought:  House  
 Senate  
 President

State: IL District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : **SB23.5443**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. FRENCH HILL FOR ARKANSAS**

Mailing Address PO BOX 7841

City LITTLE ROCK State AR Zip Code 72217

Purpose of Disbursement

Candidate Name

**French Hill**

Office Sought:  House  
 Senate  
 President

State: AR District: 02

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

Transaction ID : **SB23.5437**

Amount of Each Disbursement this Period

1000.00

**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)

**ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOHN DELANEY**

Mailing Address PO BOX 60320

City POTOMAC State MD Zip Code 20859

Purpose of Disbursement

Candidate Name

**JOHN K DELANEY**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

**Transaction ID : SB23.5457**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. GRAVES FOR CONGRESS**

Mailing Address 2345 GRAND, SUITE 2400

City KANSAS CITY State MO Zip Code 64108

Purpose of Disbursement

Candidate Name

**GRAVES FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

**Transaction ID : SB23.5452**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. KEEP NICK RAHALL IN CONGRESS COMMITTEE**

Mailing Address P O BOX 64

City BECKLEY State WV Zip Code 25801

Purpose of Disbursement

Candidate Name

**NICK JOE II RAHALL**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WV District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	1	4

**Transaction ID : SB23.5503**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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**

Full Name (Last, First, Middle Initial)

**A. LAMBORN FOR CONGRESS**

Mailing Address P.O. BOX 64107

City COLORADO SPRINGS State CO Zip Code 80962

Purpose of Disbursement

Candidate Name

**DOUGLAS LAMBORN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CO District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

**Transaction ID : SB23.5431**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. LOBIONDO FOR CONGRESS**

Mailing Address P. O. BOX 550

City VINELAND State NJ Zip Code 08362

Purpose of Disbursement  
Voided check dated 2/24/14, originally reported on April quarterly report

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	1	4

**Transaction ID : SB23.5587**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. LOU BARLETTA FOR CONGRESS**

Mailing Address P.O. BOX 128

City HAZLETON State PA Zip Code 18201

Purpose of Disbursement

Candidate Name

**LOU BARLETTA**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

**Transaction ID : SB23.5455**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

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

5	0	0	0	0	0	0	0	0	0

5	0	0	0	0	0	0	0	0	0

**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**

Full Name (Last, First, Middle Initial)

**A. PATRICE DOUGLAS FOR CONGRESS**

Mailing Address PO BOX 6271

City EDMOND State OK Zip Code 73083

Purpose of Disbursement

Candidate Name

**PATRICE DOUGLAS**

Office Sought:  House  
 Senate  
 President

State: OK District: 05

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	4

**Transaction ID : SB23.5434**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. PETE SESSIONS FOR CONGRESS**

Mailing Address PO BOX 823047

City DALLAS State TX Zip Code 75382

Purpose of Disbursement

Candidate Name

**PETE SESSIONS**

Office Sought:  House  
 Senate  
 President

State: TX District: 32

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	4

**Transaction ID : SB23.5461**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. RANDY HULTGREN FOR CONGRESS**

Mailing Address PO BOX 717

City ST CHARLES State IL Zip Code 60174

Purpose of Disbursement

Candidate Name

**RANDY HULTGREN**

Office Sought:  House  
 Senate  
 President

State: IL District: 14

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	4

**Transaction ID : SB23.5456**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	5	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**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**

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)**

Date of Disbursement

Mailing Address P. O. BOX 1011

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

City State Zip Code  
WHEATON IL 60187

**Transaction ID : SB23.5467**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**PETER ROSKAM**

Category/  
Type

500.00
--------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Full Name (Last, First, Middle Initial)

**B. ROGER WILLIAMS FOR U S CONGRESS COMMITTEE**

Date of Disbursement

Mailing Address P.O. BOX 91061

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

City State Zip Code  
AUSTIN TX 78709

**Transaction ID : SB23.5448**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**Roger Williams**

Category/  
Type

2500.00
---------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 25

Full Name (Last, First, Middle Initial)

**C. ROUNDS FOR SENATE**

Date of Disbursement

Mailing Address PO BOX 250

M M M	/	D D D	/	Y Y Y Y Y
07		11		2014

City State Zip Code  
PIERRE SD 57501

**Transaction ID : SB23.5436**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**Mike Rounds**

Category/  
Type

1000.00
---------

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

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

4000.00
---------

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

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**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**

Full Name (Last, First, Middle Initial)

**A. RYAN COSTELLO FOR CONGRESS**

Mailing Address PO BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement

Candidate Name

**Ryan Costello**

Office Sought:  House  Senate  President

State: PA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

**Transaction ID : SB23.5450**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TIBERI FOR CONGRESS**

Mailing Address 2931 E DUBLIN GRANVILLE ROAD  
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement

Candidate Name

**PATRICK J. TIBERI**

Office Sought:  House  Senate  President

State: OH District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2014

**Transaction ID : SB23.5442**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. TOM REED FOR CONGRESS**

Mailing Address PO BOX 450

City VICTOR State NY Zip Code 14564

Purpose of Disbursement

Candidate Name

**THOMAS W II REED**

Office Sought:  House  Senate  President

State: NY District: 23

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 11 / 2014

**Transaction ID : SB23.5432**

Amount of Each Disbursement this Period

1000.00

**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)

**ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. WOMACK FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 508

City ROGERS State AR Zip Code 72757

Purpose of Disbursement

Candidate Name

**STEVE WOMACK**

Office Sought:  House  
 Senate  
 President

State: AR District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : SB23.5463**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. WYDEN FOR SENATE**

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement  
Voided check dated 6/9/14, originally reported on July quarterly report

Candidate Name

Office Sought:  House  
 Senate  
 President

State: OR District: 00

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	09	/	2014

**Transaction ID : SB23.5589**

Amount of Each Disbursement this Period

-2500.00
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Full Name (Last, First, Middle Initial)

**C. INC. YOUNG FOR IOWA**

Mailing Address PO BOX 162

City VAN METER State IA Zip Code 50261

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: IA District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	08	/	2014

**Transaction ID : SB23.5505**

Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

-500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**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**

Full Name (Last, First, Middle Initial)

**A. ZINKE FOR CONGRESS**

Mailing Address PO BOX 1596

City HELENA State MT Zip Code 59624

Purpose of Disbursement

Candidate Name  
**Ryan Zinke**

Office Sought:  House  Senate  President  
State: MT District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : SB23.5465**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00
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22500.00
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