

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

(Choose One)

(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 [MM] / [DD] / [YYYY] 04 / 01 / 2014 through [MM] / [DD] / [YYYY] 06 / 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 10 / 14 / 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.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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"/>		40388.56
(b) Cash on Hand at Beginning of Reporting Period.....	44210.30	
(c) Total Receipts (from Line 19)	14150.00	45150.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	58360.30	85538.56
7. Total Disbursements (from Line 31).....	25406.64	52584.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	32953.66	32953.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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).....	13000.00	44000.00
(ii) Unitemized	150.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13150.00	44150.00
(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)	13150.00	44150.00
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))..... ▶	14150.00	45150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14150.00	45150.00

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	406.64	584.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	406.64	584.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	47000.00
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)) ..	25406.64	52584.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25406.64	52584.90

DETAILED SUMMARY PAGE
of Disbursements

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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)	13150.00	44150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13150.00	39150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	406.64	584.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	406.64	584.90

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 17
<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

Full Name (Last, First, Middle Initial) A. Walter T Berry		Date of Receipt
Mailing Address 3550 N. 127th St. E.		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Wichita	State KS	Zip Code 67226
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.5340
Name of Employer Berry Companies, Inc.		Amount of Each Receipt this Period
Occupation Construction equipment distributor		<input type="text" value="1000.00"/>
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"/>		

Full Name (Last, First, Middle Initial) B. John W. Burress III		Date of Receipt
Mailing Address 380 Knollwood Street		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Winston-Salem	State NC	Zip Code 27103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.5335
Name of Employer J.W. Burress, Inc.		Amount of Each Receipt this Period
Occupation Construction Equipment Distributor		<input type="text" value="1000.00"/>
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"/>		

Full Name (Last, First, Middle Initial) C. David Fackler		Date of Receipt
Mailing Address 2765 Galloway Road		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Bensalem	State PA	Zip Code 19020
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.5341
Name of Employer Asphalt Care Equipment		Amount of Each Receipt this Period
Occupation Construction Equipment Distributor		<input type="text" value="1000.00"/>
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"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3000.00"/>
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: (check only one)	PAGE 7 OF 17
	<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. Roy C Gaylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 12440 Amberset Drive
 City Knoxville State TN Zip Code 37922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Power Equipment Co. Occupation Construction equipment distributor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 21 / 2014**
Transaction ID : SA11AI.5339
 Amount of Each Receipt this Period **1000.00**

B. Robert Henderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 600 Hunter Drive Suite 220
 City Oakbrook State IL Zip Code 60523
 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 **2500.00**

Date of Receipt **04 / 14 / 2014**
Transaction ID : SA11AI.5332
 Amount of Each Receipt this Period **2500.00**

C. Roy H. Hunt
 Full Name (Last, First, Middle Initial)
 Mailing Address 7803 Snowball Ct
 City Louisville State KY Zip Code 40220-4703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hunt Tractor, Inc. Occupation Construction equipment distributor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 20 / 2014**
Transaction ID : SA11AI.5343
 Amount of Each Receipt this Period **500.00**

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 8 OF 17
<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) A. H.E. Kirby Jr.		Date of Receipt MM / DD / YYYY 04 / 28 / 2014
Mailing Address 6715 W. Reno		Transaction ID : SA11AI.5333
City Oklahoma City	State OK	Zip Code 73127
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Kirby-Smith Machinery, Inc.	Occupation construction equipment dealer	
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. Christian A Klein		Date of Receipt MM / DD / YYYY 04 / 21 / 2014
Mailing Address 117 North Henry		Transaction ID : SA11AI.5338
City Alexandria	State VA	Zip Code 22314-2903
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Obodal,Filler,MacLeod&KleinPLC	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Patrick W McConnell		Date of Receipt MM / DD / YYYY 04 / 07 / 2014
Mailing Address 10325 SW Cormorant Dr.		Transaction ID : SA11AI.5334
City Beaverton	State OR	Zip Code 97007-8408
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Clyde/West Inc.	Occupation Construction Equipment Distribution	
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).....▶	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: PAGE 9 OF 17
(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. Michael T Sheehan
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 E. St. Andrews Ct.
 City State Zip Code
 Sioux Falls SD 57108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Sheehan Mack Sales and Equipme Construction Equipment Distributor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2014
Transaction ID : SA11AI.5342
 Amount of Each Receipt this Period
 500.00

B. Timothy Watters
 Full Name (Last, First, Middle Initial)
 Mailing Address 300 S Randolphville Rd
 City State Zip Code
 Piscataway NJ 08854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hoffman Equipment 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
 04 / 14 / 2014
Transaction ID : SA11AI.5337
 Amount of Each Receipt this Period
 1000.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	13000.00

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

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

FOR LINE NUMBER: PAGE 10 OF 17
(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. CITIZENS FOR TOM PETRI
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 270
City FOND DU LAC State WI Zip Code 54936
FEC ID number of contributing federal political committee. **C** C00107003
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
05 / 23 / 2014
Transaction ID : SA16.5402
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

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL 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. DAN LIPINSKI FOR CONGRESS

Mailing Address P.O. BOX 520

City WESTERN SPRINGS State IL Zip Code 60558

Purpose of Disbursement
In-Kind contribution for the cost of catering from Tasty Catering

Candidate Name
DANIEL LIPINSKI

Office Sought: House
 Senate
 President
State: IL District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2014

Transaction ID : SB21B.5388

Amount of Each Disbursement this Period

286.95

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

--

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)..... ▶

286.95

286.95

**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. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE HOLLADAY, #105

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

EARL BLUMENAUER

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

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

Transaction ID : SB23.5360

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. CAPITO FOR WEST VIRGINIA

Mailing Address PO BOX 11519

City CHARLESTON State WV Zip Code 25339

Purpose of Disbursement

Candidate Name

SHELLEY MOORE MS. CAPITO

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WV District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : SB23.5382

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. DUNCAN FOR CONGRESS

Mailing Address PO BOX 2646

City KNOXVILLE State TN Zip Code 37901

Purpose of Disbursement

Candidate Name

JOHN DUNCAN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IN District: 04

Date of Disbursement

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

Transaction ID : SB23.5363

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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
4	5	0	0	0	0	0	0	0	0

1	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. FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD
SUITE I

City WEST CHESTER State OH Zip Code 45069

Purpose of Disbursement

Candidate Name

JOHN A BOEHNER

Office Sought: House
 Senate
 President

State: OH District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	23	/	2014

Transaction ID : SB23.5380

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GARDNER FOR COLORADO

Mailing Address 9227 E LINCOLN AVE #200-234

City LONE TREE State CO Zip Code 80124

Purpose of Disbursement

Candidate Name

CORY GARDNER

Office Sought: House
 Senate
 President

State: CO District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	16	/	2014

Transaction ID : SB23.5374

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. JAMES LEE WITT FOR CONGRESS

Mailing Address PO BOX 36

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement

Candidate Name

JAMES LEE WITT

Office Sought: House
 Senate
 President

State: AR District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2014

Transaction ID : SB23.5369

Amount of Each Disbursement this Period

1000.00

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

4500.00

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. JIM TRACY FOR CONGRESS

Mailing Address PO BOX 332490

City MURFREESBORO State TN Zip Code 37133

Purpose of Disbursement

Candidate Name
JIM TRACY

Office Sought: House
 Senate
 President
State: TN District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 30 / 2014

Transaction ID : **SB23.5361**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. LANCE FOR CONGRESS

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement

Candidate Name
LEONARD LANCE

Office Sought: House
 Senate
 President
State: NJ District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 09 / 2014

Transaction ID : **SB23.5347**

Amount of Each Disbursement this Period

1000.00

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
State: PA District: 11

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
06 / 16 / 2014

Transaction ID : **SB23.5372**

Amount of Each Disbursement this Period

500.00

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

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

ASSOCIATED EQUIPMENT DISTRIBUTORS POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PAT MEEHAN FOR CONGRESS

Mailing Address 50 S. PROVIDENCE ROAD

City MEDIA State PA Zip Code 19063

Purpose of Disbursement
campaign contribution

Candidate Name

PATRICK L. MR. MEEHAN

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.5349

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

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

Mailing Address P. O. BOX 1011

City WHEATON State IL Zip Code 60187

Purpose of Disbursement

Candidate Name

PETER ROSKAM

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

Transaction ID : SB23.5376

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. RICHARD HANNA FOR CONGRESS COMMITTEE

Mailing Address 2308 GENESEE STREET

City UTICA State NY Zip Code 13502

Purpose of Disbursement

Candidate Name

RICHARD HANNA

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	1		2	0	1	4

Transaction ID : SB23.5371

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

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

6	0	0	0	0	0	0	0	0	0

6	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. ROUNDS FOR SENATE

Mailing Address PO BOX 250

City PIERRE State SD Zip Code 57501

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: SD District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	4

Transaction ID : SB23.5378

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. TIM MURPHY FOR CONGRESS

Mailing Address PO Box 24551

City Pttsburgh State PA Zip Code 15234

Purpose of Disbursement

Candidate Name

TIM MURPHY

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	4

Transaction ID : SB23.5365

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. TISEI CONGRESSIONAL COMMITTEE

Mailing Address 932 LYNNFIELD STREET

City LYNNFIELD State MA Zip Code 01940

Purpose of Disbursement

Candidate Name

RICHARD R. TISEI

Office Sought: House
 Senate
 President
State: MA District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

Transaction ID : SB23.5367

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4	5	0	0	.	0	0
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4	5	0	0	.	0	0
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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. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement

Candidate Name

RONALD L WYDEN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: OR District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2014

Transaction ID : SB23.5403

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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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C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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)..... ▶

2500.00

25000.00
