

A. Form/Schedule : **F3XN**

Transaction ID :

July 31 Mid-Year Report: AVMAPAC is aware that this report discloses an excessive contribution to Mikulski for Senate for the 2010 Primary election. Please be advised that AVMAPAC is seeking a refund of a \$2,000 previous contribution. Please be advised that the \$3,775 audit adjustment reflects a discrepancy between AVMAPAC's FEC reports and bank records that dates prior to 2006. This discrepancy was identified during a professional audit of AVMAPAC's filings.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Veterinary Medical Association Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		178451.70
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	178451.70									
(c) Total Receipts (from Line 19)	105574.70	105574.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	284026.40	284026.40								
7. Total Disbursements (from Line 31)	143775.00	143775.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	140251.40	140251.40								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Veterinary Medical Association Political Action Committee

Report Covering the Period: From: 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)	65889.70	65889.70
(ii) Unitemized	34910.00	34910.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	100799.70	100799.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	101799.70	101799.70
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.)	3775.00	3775.00
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))	105574.70	105574.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	105574.70	105574.70

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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	142000.00	142000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1775.00	1775.00
(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))	1775.00	1775.00
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))..	143775.00	143775.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	143775.00	143775.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	101799.70	101799.70
34. Total Contribution Refunds (from Line 28(d))	1775.00	1775.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100024.70	100024.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 60
(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)
American Veterinary Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Dr Ronald E Gill

Mailing Address RR 1 Box 2

City State Zip Code
Bone Gap IL 62815

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Gill Veterinary Clinic Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
01 / 02 / 2009

Transaction ID: 29206941

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr Brenda G Kauffman

Mailing Address 636 Lamat Rd

City State Zip Code
La Habra Heights CA 90631

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
County Line Animal Hospital Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
01 / 06 / 2009

Transaction ID: 29206987

Amount of Each Receipt this Period 250.00

C.

Full Name (Last, First, Middle Initial)
Dr Paul R Swenson

Mailing Address 26 Crescent Ridge Rd

City State Zip Code
Westfield MA 01085

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
West Springfield Animal Hospital Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
01 / 06 / 2009

Transaction ID: 29206989

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Tracy Rhodes

Mailing Address 87 Johnson Creek Rd

City State Zip Code
Buffalo WY 82834

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

Name of Employer Self-Employed Occupation
Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2009

Transaction ID: 29206991

Amount of Each Receipt this Period
500.00

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

Mailing Address HC 33 Box 39
1455 Sandstone

City State Zip Code
Las Vegas NV 89161-9257

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

Name of Employer Retired Occupation
Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2009

Transaction ID: 29206996

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Dr Gerald J Kugel

Mailing Address 2510 American River Dr

City State Zip Code
Sacramento CA 95864-7115

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

Name of Employer Retired Occupation
Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2009

Transaction ID: 29207021

Amount of Each Receipt this Period
275.00

SUBTOTAL of Receipts This Page (optional) ► **5775.00**

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 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Rex R Anderson

Mailing Address 12 Lovers Ln

City Absarokee State MT Zip Code 59001

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

Name of Employer Valley Veterinary Service PC Occupation Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 01 / 13 / 2009

Transaction ID: 29207030

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Dr James W Lloyd

Mailing Address 4302 Dobie Rd

City Okemos State MI Zip Code 48864

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

Name of Employer A 110 Veterinary Medical Center Occupation Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 01 / 05 / 2009

Transaction ID: 29207065

Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Dr James E Nave

Mailing Address 7171 La Mirada Cir

City Las Vegas State NV Zip Code 89120

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

Name of Employer Tropicana Animal Hospital Occupation Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY 01 / 09 / 2009

Transaction ID: 29207085

Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional) ► 5500.00

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 10 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Joe O Yearous, Jr	Date of Receipt MM / DD / YYYY 01 / 12 / 2009
	Mailing Address 7621 W Copper Crest Pl	Transaction ID: 29207087
	City State Zip Code Tucson AZ 85743	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Veterinarian	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) Dr Joe E West	Date of Receipt MM / DD / YYYY 01 / 08 / 2009
	Mailing Address 1808 Bee Creek Dr	Transaction ID: 29207099
	City State Zip Code College Station TX 77840-4967	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Texas A&M Occupation Veterinarian	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr Michael J Topper	Date of Receipt MM / DD / YYYY 01 / 20 / 2009
	Mailing Address 514 Championship Dr	Transaction ID: 29469996
	City State Zip Code Harleysville PA 19438	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Merck & Co Inc Occupation Veterinarian	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	850.00
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 11 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr C Jeffrey Brown

Mailing Address 333 E Indigo St

City State Zip Code
Mesa AZ 85201-2664

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

Name of Employer: Scottsdale Ranch Animal Hospital
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 01 / 20 / 2009
Transaction ID: 29469998
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr Mary Ann Hollick

Mailing Address PO Box 770056

City State Zip Code
Eagle River AK 99577

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

Name of Employer: Self-Employed
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 01 / 20 / 2009
Transaction ID: 29469999
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr Rene Alexandra Carlson

Mailing Address 2740 - 11th Ave

City State Zip Code
Chetek WI 54728

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

Name of Employer: Animal Hospital of Chetek
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt: 01 / 20 / 2009
Transaction ID: 29470002
 Amount of Each Receipt this Period: 1500.00

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:	PAGE 12 / 60
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Dr Gary C Bullard		Date of Receipt MM / DD / YYYY 01 / 20 / 2009		
	Mailing Address 5700 Powder Springs Rd		Transaction ID: 29470006		
	City Austell	State GA	Zip Code 30106	Amount of Each Receipt this Period 1666.66	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bullard Animal Hospital	Occupation Veterinarian	Aggregate Year-to-Date 1666.66		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Dr Michael Johnson Ames		Date of Receipt MM / DD / YYYY 01 / 20 / 2009		
	Mailing Address 908 E Ave		Transaction ID: 29470008		
	City Douglas	State AZ	Zip Code 85607	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ames Diversified Services LLC	Occupation Veterinarian	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Dr Robert Melvin Thompson		Date of Receipt MM / DD / YYYY 01 / 20 / 2009		
	Mailing Address 792 Old School House Rd		Transaction ID: 29470011		
	City Middletown	State DE	Zip Code 19709	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lums Pond Animal Hospital	Occupation Veterinarian	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	2416.66
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 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Randolph J Schuett

Mailing Address W299 S8260 Hwy 83

City State Zip Code
Mukwonago WI 53149

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

Name of Employer Occupation
Pewaukee Veterinary Service SC Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 15 / 2009
Transaction ID: 29470014
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr Larry Gene Dee

Mailing Address 4100 N 38th Ave

City State Zip Code
Hollywood FL 33021

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

Name of Employer Occupation
Hollywood Animal Hospital Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 01 / 15 / 2009
Transaction ID: 29470015
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial)
Dr Vicki R Robertson

Mailing Address 40 400 Starlight Ln

City State Zip Code
Bermuda Dunes CA 92203-1023

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

Name of Employer Occupation
Self-Employed Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 20 / 2009
Transaction ID: 29470045
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► **6250.00**

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 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Dr Archie Shelton Gordon

Mailing Address 2801 E Commercial Blvd

City State Zip Code
Fort Lauderdale FL 33308

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

Name of Employer Self-Employed
Occupation Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2009

Transaction ID: 29470067

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Karen Leigh Davis

Mailing Address 2329 Asheville Hwy

City State Zip Code
Hendersonville NC 28791

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

Name of Employer North State Animal Hospital
Occupation Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2009

Transaction ID: 29470102

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr Charles Franklin Franz

Mailing Address 550 Derby Ln

City State Zip Code
Montgomery AL 36109-4630

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

Name of Employer Alabama VMA
Occupation Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 23 / 2009

Transaction ID: 29470103

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **750.00**

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 15 / 60
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr Oscar J Fletcher

Mailing Address 1012 Thistle Briar Pl

City State Zip Code
Cary NC 27511

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

Name of Employer Occupation
NORTH CAROLINA ST UNIV CVM Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 29 / 2009
Transaction ID: 29470114
Amount of Each Receipt this Period: 250.00

B. Full Name (Last, First, Middle Initial)
Dr Richard J Rossman

Mailing Address 330 Waukegan Rd

City State Zip Code
Glenview IL 60025

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

Name of Employer Occupation
Glen Oak Dog & Cat Hospital Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 01 / 26 / 2009
Transaction ID: 29470115
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr M Gatz Riddell, Jr

Mailing Address 1474 Ferndale Dr

City State Zip Code
Auburn AL 36830

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

Name of Employer Occupation
Amer Assn of Bovine Practitioners Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 01 / 26 / 2009
Transaction ID: 29470120
Amount of Each Receipt this Period: 2500.00

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 16 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr V Hugh Price, Jr
Mailing Address 124 Oscar Ln
City State Zip Code
Shreveport LA 71105
FEC ID number of contributing federal political committee. **C**
Name of Employer: Animal Resources Occupation: Veterinarian
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 01 / 23 / 2009
Transaction ID: 29470123
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr Travis Daniel Mc Dermott
Mailing Address 1091 Moonlit Oasis Ln Unit 2
City State Zip Code
Henderson NV 89002-0652
FEC ID number of contributing federal political committee. **C**
Name of Employer: Tropicana Animal Hospital Occupation: Veterinarian
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 / 03 / 2009
Transaction ID: 29470151
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Dr Gary C Bullard
Mailing Address 5700 Powder Springs Rd
City State Zip Code
Austell GA 30106
FEC ID number of contributing federal political committee. **C**
Name of Employer: Bullard Animal Hospital Occupation: Veterinarian
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3333.32
Date of Receipt: 02 / 20 / 2009
Transaction ID: 29572276
Amount of Each Receipt this Period: 1666.66

SUBTOTAL of Receipts This Page (optional) ► 2666.66
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 17 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Dr George W Bishop

Mailing Address 3 The Crossroads

City State Zip Code
Carmel CA 93923

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

Name of Employer: Animal Hospital at the Crossroads
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 01 / 30 / 2009
Transaction ID: 29572295
 Amount of Each Receipt this Period: 1000.00

B.

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

Mailing Address 3172 Ashbrook Dr

City State Zip Code
Chino Hills CA 91709-4216

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

Name of Employer: B. Braun Medical
Occupation: Director and General Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 13 / 2009
Transaction ID: 29572305
 Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr Jack O Walther

Mailing Address PO Box 281650

City State Zip Code
Lamoille NV 89828

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

Name of Employer: Self-Employed
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 02 / 2009
Transaction ID: 29572311
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 18 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Dr Gary C Bullard

Mailing Address 5700 Powder Springs Rd

City State Zip Code
Austell GA 30106

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

Name of Employer Occupation
Bullard Animal Hospital Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2009

Transaction ID: 29837217

Amount of Each Receipt this Period
1666.68

B.

Full Name (Last, First, Middle Initial)
Dr John Robert Scamahorn

Mailing Address 1674 E Range Line Rd

City State Zip Code
Greencastle IN 46135

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

Name of Employer Occupation
Animal Medical Clinic PC Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: 29837220

Amount of Each Receipt this Period
91.00

C.

Full Name (Last, First, Middle Initial)
Dr Martha Dunn O Rourke

Mailing Address 20 River Ave
PO Box 1415

City State Zip Code
Island Heights NJ 08732

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

Name of Employer Occupation
Small Animal Veterinary Assoc PA Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2009

Transaction ID: 29837221

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **2257.68**

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 19 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Veterinary Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr Douglas Charles Andrews

Mailing Address 417 Auburn St

City State Zip Code
Portland ME 04103

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

Name of Employer Occupation
Falmouth Veterinary Hospital Veterinarian

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 3 / 2 0 0 9

Transaction ID: 29837225

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Dr Larry R Corry

Mailing Address 2780 Drayton Hall Dr

City State Zip Code
Buford GA 30519

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

Name of Employer Occupation
Centerville Animal Hospital Veterinarian

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

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

Transaction ID: 29837233

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Dr Leon H Russell, Jr

Mailing Address 33 Linda Ln

City State Zip Code
College Station TX 77845-9401

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

Name of Employer Occupation
Retired Veterinarian

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 0 9

Transaction ID: 29941179

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) ▶

5900.00

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 20 / 60
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
Dr Richard E Coon

Mailing Address 3029 Lavina Dr

City State Zip Code
Forest grove OR 97116

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

Name of Employer Self-Employed
Occupation Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 7 / 2 0 0 9

Transaction ID: 29941180

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Dr Howard Raymond Moore

Mailing Address 8264 E Galinda Dr

City State Zip Code
Tucson AZ 85750-2421

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

Name of Employer Tucson Small Animal Hospital LTD
Occupation Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: 29941182

Amount of Each Receipt this Period
2500.00

C.

Full Name (Last, First, Middle Initial)
Dr John Robert Scamahorn

Mailing Address 1674 E Range Line Rd

City State Zip Code
Greencastle IN 46135

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

Name of Employer Animal Medical Clinic PC
Occupation Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
364.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 3 / 2 0 0 9

Transaction ID: 29941183

Amount of Each Receipt this Period
91.00

SUBTOTAL of Receipts This Page (optional) ► **3591.00**

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 21 / 60
	<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)
American Veterinary Medical Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr C Donald Seedle	Date of Receipt MM / DD / YYYY 04 / 28 / 2009
	Mailing Address PO Box 28	Transaction ID: 29941185
	City State Zip Code Allenspark CO 80510-0028	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-employed Occupation Veterinarian Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

B.	Full Name (Last, First, Middle Initial) Dr Theodore Joel Cohn	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 9350 E Aspen Hill PI	Transaction ID: 29941190
	City State Zip Code Lone Tree CO 80124	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer University Hills Animal Hospital Occupation Veterinarian Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

C.	Full Name (Last, First, Middle Initial) Dr Roger Keith Mahr	Date of Receipt MM / DD / YYYY 05 / 04 / 2009
	Mailing Address 5N037 Crane Rd	Transaction ID: 29941193
	City State Zip Code Saint Charles IL 60175	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self-Employed Occupation Veterinarian Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr Stephen Joseph Dullard		Date of Receipt
	Mailing Address 1205 6th Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Mendota	IL	61342
	FEC ID number of contributing federal political committee. C		Transaction ID: 30090087
Name of Employer Ancare Veterinary Clinic		Occupation Veterinarian	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"/> 42.00
		<input type="text"/> 210.00	

B.	Full Name (Last, First, Middle Initial) Dr John Robert Scamahorn		Date of Receipt
	Mailing Address 1674 E Range Line Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Greencastle	IN	46135
	FEC ID number of contributing federal political committee. C		Transaction ID: 30090095
Name of Employer Animal Medical Clinic PC		Occupation Veterinarian	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"/> 91.00
		<input type="text"/> 455.00	

C.	Full Name (Last, First, Middle Initial) Dr Richard J Sullivan		Date of Receipt
	Mailing Address 932 Via Nogales		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Palos Verdes Penin	CA	90274
	FEC ID number of contributing federal political committee. C		Transaction ID: 30090101
Name of Employer Bay Cities Pet Hospital Inc		Occupation Veterinarian	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"/> 5000.00
		<input type="text"/> 5000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 5133.00
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 23 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Gregory Scott Hammer

Mailing Address 1574 E Denneys Rd

City State Zip Code
Dover DE 19901

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

Name of Employer: Brenford Animal Hospital PA
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 06 / 05 / 2009
Transaction ID: 30090745
 Amount of Each Receipt this Period: 2500.00

B. Full Name (Last, First, Middle Initial)
Dr Joseph H Kinnarney

Mailing Address 1401 W Harrison St

City State Zip Code
Reidsville NC 27320

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

Name of Employer: Reidsville Veterinary Hospital
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 06 / 09 / 2009
Transaction ID: 30090747
 Amount of Each Receipt this Period: 3500.00

C. Full Name (Last, First, Middle Initial)
Dr Lyle P Vogel

Mailing Address 960 Atlantic Ave Apt A

City State Zip Code
Hoffman Estates IL 60169

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

Name of Employer: American Veterinary Medical Assoc
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 16 / 2009
Transaction ID: 30176397
 Amount of Each Receipt this Period: 1000.00

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 24 / 60

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)

Dr Harry Michael Chaddock

Mailing Address 1441 Rhode Island Ave NW 402

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation
AAVMC Veterinarian

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2916.70

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: 30176398

Amount of Each Receipt this Period

2916.70

B.

Full Name (Last, First, Middle Initial)

Dr John Robert Scamahorn

Mailing Address 1674 E Range Line Rd

City State Zip Code
Greencastle IN 46135

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

Name of Employer Occupation
Animal Medical Clinic PC Veterinarian

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 546.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: 30176399

Amount of Each Receipt this Period

91.00

C.

Full Name (Last, First, Middle Initial)

Dr Stephen Joseph Dullard

Mailing Address 1205 6th Ave

City State Zip Code
Mendota IL 61342

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

Name of Employer Occupation
Ancare Veterinary Clinic Veterinarian

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 3 / 2 0 0 9

Transaction ID: 30176401

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

3049.70

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 25 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dr Vern E Otte

Mailing Address 2103 W 121st St

City Leawood State KS Zip Code 66209

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

Name of Employer State Line Animal Hospital Occupation Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 25 / 2009
Transaction ID: 30176402
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Dr Richard Dale Wilkes

Mailing Address 2108 Oceanview Dr

City Tierra Verde State FL Zip Code 33715

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

Name of Employer Purchasing Services Inc Occupation Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30176404
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr James O Cook

Mailing Address PO Box 666
1955 Springfield Rd

City Lebanon State KY Zip Code 40033

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

Name of Employer Cook Animal Hospital Occupation Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: 30176405
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: (check only one)	PAGE 26 / 60
	<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)
American Veterinary Medical Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dr John Melcher		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 2519 Wylie		Transaction ID: 30176408		
	City Missoula	State MT	Zip Code 59802	Amount of Each Receipt this Period 2500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self-Employed		Occupation Veterinarian		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00			

B.	Full Name (Last, First, Middle Initial) Dr Geoffrey Ray Gardner		Date of Receipt MM / DD / YYYY 02 / 19 / 2009		
	Mailing Address 3003 Bartow Hwy S		Transaction ID: 30340430		
	City Lakeland	State FL	Zip Code 33803	Amount of Each Receipt this Period 0.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lakeland Veterinary Hospital		Occupation Veterinarian		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00			
[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.-00					

C.	Full Name (Last, First, Middle Initial) Dr Christine M Bean		Date of Receipt MM / DD / YYYY 02 / 19 / 2009		
	Mailing Address 4775 220th Ave		Transaction ID: 30340431		
	City Marathon	State IA	Zip Code 50565	Amount of Each Receipt this Period 0.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer B V Veterinary Clinic		Occupation Veterinarian		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 0.00			
[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.-00					

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
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 27 / 60
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Dr John Lawrence Green		Date of Receipt
	Mailing Address 519 Atlantic Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Atlantic Beach	FL	32233
	FEC ID number of contributing federal political committee. C		Transaction ID: 30340432
Name of Employer Self-Employed		Occupation Veterinarian	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"/> 0.00
			[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.-00

B.	Full Name (Last, First, Middle Initial) Dr Joel I Blumberg		Date of Receipt
	Mailing Address 2002 4th St		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Santa Rosa	CA	95404
	FEC ID number of contributing federal political committee. C		Transaction ID: 30340433
Name of Employer		Occupation Veterinarian	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"/> 0.00
			[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.-00

C.	Full Name (Last, First, Middle Initial) Dr Thomas Joseph Noone		Date of Receipt
	Mailing Address 702 Poplar Way		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Canton	GA	30115
	FEC ID number of contributing federal political committee. C		Transaction ID: 30340434
Name of Employer Grtr Atlanta Vet Ref Surg Pract		Occupation Veterinarian	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"/> 0.00
			[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.-00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 0.00
TOTAL This Period (last page this line number only)	<input type="text"/> 65889.70

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 60
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
Bayer Corporation Political Action Committee

Mailing Address 100 Bayer Road

City State Zip Code
Pittsburgh PA 15205-9741

FEC ID number of contributing federal political committee. **C** C00281162

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: 30193729

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

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

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

FOR LINE NUMBER: PAGE 29 / 60
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
American Veterinary Medical Association Political Action Committee

Mailing Address 1910 Sunderland Place NW

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3775.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: 30335853

Amount of Each Receipt this Period
3775.00

Audit Adjustment

SUBTOTAL of Receipts This Page (optional)	▶	3775.00
TOTAL This Period (last page this line number only)	▶	3775.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Frank Kratovil For Congress</p> <p>Mailing Address 222 Main Sail Drive PO Box 518</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Mr. Frank Kratovil</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29330029 Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Blaine For Congress 2010</p> <p>Mailing Address PO Box 1526</p> <p>City Columbia State MO Zip Code 65205</p> <p>Purpose of Disbursement Contribution to Federal Candidates</p> <p>Candidate Name Rep. Blaine Luetkemeyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29330251 Date of Disbursement 02 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidates</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of John Thune</p> <p>Mailing Address 200 North Phillips Avenue Ste L101</p> <p>City Sioux Falls State SD Zip Code 57104</p> <p>Purpose of Disbursement Contribution to Federal Candidates</p> <p>Candidate Name Sen. John R. Thune</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SD District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29341999 Date of Disbursement 02 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidates</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)
American Veterinary Medical Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of John Thune	Transaction ID: 29413264 Date of Disbursement 02 / 10 / 2009
	Mailing Address 200 North Phillips Avenue Ste L101	Amount of Each Disbursement this Period 1000.00
	City Sioux Falls State SD Zip Code 57104	
	Purpose of Disbursement Contribution to Federal Candidates Funds Reported On <Enter Report Name Here> 011	
	Candidate Name Sen. John R. Thune	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Contribution to Federal Candidates Funds Reported On <Enter Report Name Here>
	State: SD District:	

B.	Full Name (Last, First, Middle Initial) Friends Of John Thune	Transaction ID: 29413265 Date of Disbursement 02 / 19 / 2009
	Mailing Address 200 North Phillips Avenue Ste L101	Amount of Each Disbursement this Period 1000.00
	City Sioux Falls State SD Zip Code 57104	
	Purpose of Disbursement Contribution to Federal Candidates Re-designated funds for trans. dated 2/10/2009 011	
	Candidate Name Sen. John R. Thune	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM] Contribution to Federal Candidates Re-designated funds for trans. dated 2/10/2009
	State: SD District:	

C.	Full Name (Last, First, Middle Initial) Friends of Byron Dorgan	Transaction ID: 29414861 Date of Disbursement 02 / 19 / 2009
	Mailing Address PO Box 871	Amount of Each Disbursement this Period 1000.00
	City Bismarck State ND Zip Code 58502	
	Purpose of Disbursement Contribution to Federal Candidate 011	
	Candidate Name Byron Dorgan	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution to Federal Candidate
	State: ND District:	

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Citizens for Arlen Specter</p> <p>Mailing Address 426 C Street NE Carriage House</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Arlen Specter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29415777 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contributions to Federal Candidates</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Mikulski For Senate Committee</p> <p>Mailing Address P O B 13147</p> <p>City Baltimore State MD Zip Code 21203</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Barbara A. Mikulski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29415778 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contributions to Federal Candidates</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bennett Election Committee Inc</p> <p>Mailing Address 175 South West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Robert F. Bennett</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29415787 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contributions to Federal Candidates</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)
American Veterinary Medical Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Citizens For Harkin</p> <p>Mailing Address P O Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution to Federal Candidates</p> <p>Candidate Name Sen. Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29419172 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidates</p>
<p>B. Full Name (Last, First, Middle Initial) Adrian Smith For Congress</p> <p>Mailing Address 3321 Avenue I Suite 6</p> <p>City Scottsbluff State NE Zip Code 69361</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Adrian Honorable Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29419191 Date of Disbursement 02 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contributions to Federal Candidates</p>
<p>C. Full Name (Last, First, Middle Initial) Giffords For Congress</p> <p>Mailing Address PO Box 12886</p> <p>City Tucson State AZ Zip Code 85732</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Gabrielle Giffords</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29572229 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contributions to Federal Candidates</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Erik Paulsen	Transaction ID: 29572241 Date of Disbursement 03 / 20 / 2009
	Mailing Address P.O. Box 44369 250 Prairie Center Drive	Amount of Each Disbursement this Period 1000.00
	City Eden Prairie State MN Zip Code 55344	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Erik P. Paulsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contributions to Federal Candidates

B.	Full Name (Last, First, Middle Initial) Griffith For Congress	Transaction ID: 29572244 Date of Disbursement 03 / 20 / 2009
	Mailing Address PO Box 2916	Amount of Each Disbursement this Period 1000.00
	City Huntsville State AL Zip Code 35804	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Parker Griffith, MD Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 05	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contributions to Federal Candidates

C.	Full Name (Last, First, Middle Initial) Friends For Harry Reid	Transaction ID: 29572247 Date of Disbursement 03 / 20 / 2009
	Mailing Address P.O. Box 19163	Amount of Each Disbursement this Period 2000.00
	City Las Vegas State NV Zip Code 89132	
	Purpose of Disbursement Contribution to Federal Candidates Candidate Name Sen. Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Contribution to Federal Candidates

SUBTOTAL of Disbursements This Page (optional)	4000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Latham for Congress</p> <p>Mailing Address PO Box 174</p> <p>City Sioux City State IA Zip Code 51102</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Tom Latham</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29572255 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contributions to Federal Candidates</p>
<p>B. Full Name (Last, First, Middle Initial) Lynn Jenkins For Congress</p> <p>Mailing Address P.O. Box 1441</p> <p>City Topeka State KS Zip Code 66601</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Lynn Jenkins</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29572257 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contributions to Federal Candidates</p>
<p>C. Full Name (Last, First, Middle Initial) Minnick For Congress</p> <p>Mailing Address P O Box 288</p> <p>City Meridian State ID Zip Code 83642</p> <p>Purpose of Disbursement Contribution to Federal Candidates</p> <p>Candidate Name Rep. Walter Clifford Minnick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29572259 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidates</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)
American Veterinary Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Friends of Congressman Tim Holden

Mailing Address P.O. Box 37

City State Zip Code
St. Clair PA 17970

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Tim Holden

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 06

Transaction ID: 29572299

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution to Federal Candidate

B. Full Name (Last, First, Middle Initial)
Friends of Jack Kingston

Mailing Address P O Box 2133

City State Zip Code
Savannah GA 31402

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Jack Kingston

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: GA District: 01

Transaction ID: 29572301

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution to Federal Candidate

C. Full Name (Last, First, Middle Initial)
Leahy for Senate

Mailing Address PO Box 1042

City State Zip Code
Montpelier VT 05601

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Patrick Leahy

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VT District:

Transaction ID: 29572330

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress</p> <p>Mailing Address 1071 Twin Branch Ln</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Debbie Wasserman-Schultz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29572340 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Boyd for Congress</p> <p>Mailing Address PO Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29572346 Date of Disbursement 03 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Sestak For Congress</p> <p>Mailing Address P.O. Box 16</p> <p>City Media State PA Zip Code 19063</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Joseph A. Sestak, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29578019 Date of Disbursement 03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contributions to Federal Candidates</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)
American Veterinary Medical Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Bob Goodlatte for Congress Committee</p> <p>Mailing Address P O Box 292</p> <p>City Roanoke State VA Zip Code 24002</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Bob Goodlatte</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29578304 Date of Disbursement 03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Ensign For Senate</p> <p>Mailing Address PO Box 370667</p> <p>City Las Vegas State NV Zip Code 89137</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Mr. John Ensign</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29579070 Date of Disbursement 03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Farr</p> <p>Mailing Address 555 Capitol Mall Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Sam Farr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29579078 Date of Disbursement 03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</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)
American Veterinary Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazquez To Congre Mailing Address 315 Inspiration Lane City Gaithersburg State MD Zip Code 20878 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Nydia M. Velazquez Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29579097 Date of Disbursement 03 / 23 / 2009 Amount of Each Disbursement this Period 2000.00 Contribution to Federal Candidate
	Category/ Type 011

B. Full Name (Last, First, Middle Initial) Pallone for Congress Mailing Address PO Box 3176 City Long Branch State NJ Zip Code 07740 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Frank Pallone Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29580386 Date of Disbursement 03 / 25 / 2009 Amount of Each Disbursement this Period 1000.00 Contribution to Federal Candidate
	Category/ Type 011

C. Full Name (Last, First, Middle Initial) Mike Crapo For Us Senate Mailing Address P.O. Box 1948 City Boise State ID Zip Code 83701 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Mr. Michael Crapo Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29594427 Date of Disbursement 03 / 30 / 2009 Amount of Each Disbursement this Period 1000.00 Contribution to Federal Candidate
	Category/ Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Kurt Schrader For Congress Mailing Address 2236 Se 10th Ave Suite 240 City Portland State OR Zip Code 97214 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Mr. Kurt Schrader Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29600547 Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2009
	Amount of Each Disbursement this Period 5000.00 Contribution to Federal Candidate

B. Full Name (Last, First, Middle Initial) Bennett Election Committee Inc Mailing Address 175 South West Temple Suite 650 City Salt Lake City State UT Zip Code 84101 Purpose of Disbursement Contributions to Federal Candidates Funds Reported On <Enter Report Name Here> Candidate Name Sen. Robert F. Bennett Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29791897 Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2009
	Amount of Each Disbursement this Period 1000.00 [MEMO ITEM] Contributions to Federal Candidates Funds Reported On <Enter Report Name Here>

C. Full Name (Last, First, Middle Initial) Bennett Election Committee Inc Mailing Address 175 South West Temple Suite 650 City Salt Lake City State UT Zip Code 84101 Purpose of Disbursement Contributions to Federal Candidates Re-designated funds for trans. dated 2/19/2009 Candidate Name Sen. Robert F. Bennett Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29791898 Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2009
	Amount of Each Disbursement this Period 1000.00 [MEMO ITEM] Contributions to Federal Candidates Re-designated funds for trans. dated 2/19/2009

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln</p> <p>Mailing Address PO Box 3197</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Sen. Blanche Lambert Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29807769 Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends for Cliff Stearns</p> <p>Mailing Address PO Box 308</p> <p>City Silver Springs State FL Zip Code 32688</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Cliff Stearns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29807770 Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Zack Space For Congress Committee</p> <p>Mailing Address 726 Sixteenth Street Ne</p> <p>City Massillon State OH Zip Code 44646</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Zachary T. Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29807771 Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</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)
American Veterinary Medical Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress</p> <p>Mailing Address P O Box 696</p> <p>City Madison State WI Zip Code 53701</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Tammy Baldwin</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29807772 Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Price for Congress Committee</p> <p>Mailing Address PO Box 1986</p> <p>City Raleigh State NC Zip Code 27602</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name David Price</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29807790 Date of Disbursement 04 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 Second Street S.E.</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution to National Party Committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29830553 Date of Disbursement 04 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>Contribution to National Party Committee</p>

SUBTOTAL of Disbursements This Page (optional)	17000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee</p> <p>Mailing Address 430 South Capitol Street</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contribution to National Party Committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29830556 Date of Disbursement 04 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>Contribution to National Party Committee</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of John Boehner</p> <p>Mailing Address 7908 Cincinnati Dayton Road Suite I</p> <p>City West Chester State OH Zip Code 45069</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. John A. Boehner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29834863 Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Larson For Congress</p> <p>Mailing Address 29 Ruff Circle</p> <p>City Glastonbury State CT Zip Code 06033</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. John B. Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29834864 Date of Disbursement 04 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

SUBTOTAL of Disbursements This Page (optional) ▶

17500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Lucas for Congress</p> <p>Mailing Address Post Office Box 1726</p> <p>City Oklahoma City State OK Zip Code 73101</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Frank Lucas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29909962 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. David Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29909986 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress</p> <p>Mailing Address PO Box 1045</p> <p>City Erie State PA Zip Code 16512</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Kathleen A. Dahlkemper</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29909992 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Joe Pitts</p> <p>Mailing Address PO Box 775</p> <p>City Unionville State PA Zip Code 19375</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Joseph Pitts</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29909993 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Shelby For U S Senate</p> <p>Mailing Address Post Office Box 1091</p> <p>City Tuscaloosa State AL Zip Code 35403</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Sen. Richard C. Shelby</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AL District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29909997 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Michael J. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29910001 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</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)
American Veterinary Medical Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Zack Space For Congress Committee</p> <p>Mailing Address 726 Sixteenth Street Ne</p> <p>City Massillon State OH Zip Code 44646</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Zachary T. Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29910008 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Gregg Harper For Congress</p> <p>Mailing Address Post Office Box 54344</p> <p>City Pearl State MS Zip Code 39288</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Gregg Harper</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29910014 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29910019 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

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3000.00

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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)
American Veterinary Medical Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Peterson for Congress</p> <p>Mailing Address 26192 Floyd Lake Point Road</p> <p>City Detroit Lakes State MN Zip Code 56501</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Collin Peterson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29910020 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Henry E. Brown Jr. For Congress</p> <p>Mailing Address P. O. Box 61886</p> <p>City North Charleston State SC Zip Code 29419</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Henry E. Brown, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29910021 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Wally Herger for Congress Committee</p> <p>Mailing Address PO Box 1500</p> <p>City Chico State CA Zip Code 95927</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Wally Herger</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29910022 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

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4000.00

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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)
American Veterinary Medical Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Jackie Speier For Congress</p> <p>Mailing Address Post Office Box 112</p> <p>City Burlingame State CA Zip Code 94011</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Jackie Speier</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29910023 Date of Disbursement 05 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Richard Burr Committee; The</p> <p>Mailing Address Post Office Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Sen. Richard M. Burr</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29924182 Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Dina Titus For Congress</p> <p>Mailing Address P. O. Box 50614 Suite C5</p> <p>City Henderson State NV Zip Code 89016</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Dina Titus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29924183 Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

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3000.00

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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)
American Veterinary Medical Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address P.O. Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. James D. Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29924209 Date of Disbursement 05 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Bright For Congress.Com</p> <p>Mailing Address P.O.Box 2106</p> <p>City Montgomery State AL Zip Code 36102</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Bobby Neal Bright, Sr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30076974 Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Mary Landrieu Inc</p> <p>Mailing Address 607 14th Street Nw Suite 800 Suite 1434</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Sen. Mary L. Landrieu</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30076982 Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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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)
American Veterinary Medical Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress Mailing Address PO Box 2334 City Denton State TX Zip Code 76202 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Mr. Michael C. Burgess Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30076986 Date of Disbursement 06 / 15 / 2009 Amount of Each Disbursement this Period 1000.00 Contribution to Federal Candidate	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Doc Hastings for Congress Mailing Address PO Box 2926 City Pasco State WA Zip Code 99302 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Richard Hastings Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30076987 Date of Disbursement 06 / 15 / 2009 Amount of Each Disbursement this Period 1000.00 Contribution to Federal Candidate	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Tim Murphy For Congress Mailing Address PO Box 24551 City Pttsburgh State PA Zip Code 15234 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Tim F. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30076988 Date of Disbursement 06 / 15 / 2009 Amount of Each Disbursement this Period 1000.00 Contribution to Federal Candidate	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Schock For Congress</p> <p>Mailing Address PO Box 10555</p> <p>City Peoria State IL Zip Code 61612</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Aaron Jon Schock</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30076993 Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Neugebauer Congressional Committee</p> <p>Mailing Address PO Box 54175</p> <p>City Lubbock State TX Zip Code 79453</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Randy R. Neugebauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30076996 Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Boswell For Congress</p> <p>Mailing Address PO Box 6220</p> <p>City Des Moines State IA Zip Code 50309</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Leonard L. Boswell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30077000 Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</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)
American Veterinary Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Boswell For Congress

Transaction ID: 30077002
Date of Disbursement

Mailing Address PO Box 6220

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	9

City State Zip Code
Des Moines IA 50309

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to Federal Candidate

011

Category/
Type

Candidate Name
Rep. Leonard L. Boswell

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: IA District: 03

Contribution to Federal Candidate

B.

Full Name (Last, First, Middle Initial)
Ryan For Congress

Transaction ID: 30077003
Date of Disbursement

Mailing Address P. O. Box 1919

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	9

City State Zip Code
Janesville WI 53547

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to Federal Candidate

011

Category/
Type

Candidate Name
Rep. Paul D. Ryan

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: WI District: 01

Contribution to Federal Candidate

C.

Full Name (Last, First, Middle Initial)
Grassley Committee Inc

Transaction ID: 30077005
Date of Disbursement

Mailing Address PO Box 1000

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	0	9

City State Zip Code
Des Moines IA 50304

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Contribution to Federal Candidate

011

Category/
Type

Candidate Name
Sen. Charles E. Grassley

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: IA District:

Contribution to Federal Candidate

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)
American Veterinary Medical Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Price for Congress Committee	Transaction ID: 30077010 Date of Disbursement
	Mailing Address PO Box 1986	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Raleigh State NC Zip Code 27602	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidate	<input type="text" value="1000.00"/>
	Candidate Name David Price	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

B.	Full Name (Last, First, Middle Initial) Mike Ross For Congress Committee	Transaction ID: 30077013 Date of Disbursement
	Mailing Address PO Box 360	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidate	<input type="text" value="1000.00"/>
	Candidate Name Rep. Michael Avery Ross	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

C.	Full Name (Last, First, Middle Initial) Friends of Congressman Tim Holden	Transaction ID: 30077015 Date of Disbursement
	Mailing Address P.O. Box 37	<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City St. Clair State PA Zip Code 17970	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to Federal Candidate	<input type="text" value="1000.00"/>
	Candidate Name Tim Holden	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Jack Kingston</p> <p>Mailing Address P O Box 2133</p> <p>City Savannah State GA Zip Code 31402</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Jack Kingston</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30077016 Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Moran For Kansas</p> <p>Mailing Address PO Box 1151</p> <p>City Hays State KS Zip Code 67601</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Mr. Jerry Moran</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30077020 Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) John Salazar For Congress</p> <p>Mailing Address PO Box 534</p> <p>City Pueblo State CO Zip Code 81002</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. John T. Salazar</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30077023 Date of Disbursement 06 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</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)
American Veterinary Medical Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kay Granger Campaign Fund	Transaction ID: 30077025 Date of Disbursement 06 / 15 / 2009
	Mailing Address 910 Houston Street Suite 105-C	Amount of Each Disbursement this Period 1000.00
	City Fort Worth State TX Zip Code 76102	
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Kay Granger	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

B.	Full Name (Last, First, Middle Initial) Welch For Congress	Transaction ID: 30077498 Date of Disbursement 06 / 15 / 2009
	Mailing Address PO Box 1682	Amount of Each Disbursement this Period 1000.00
	City Burlington State VT Zip Code 05402	
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Rep. Peter Welch	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VT District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

C.	Full Name (Last, First, Middle Initial) Issa for Congress	Transaction ID: 30120333 Date of Disbursement 06 / 23 / 2009
	Mailing Address P.O. Box 760	Amount of Each Disbursement this Period 1000.00
	City Vista State CA Zip Code 92085	
	Purpose of Disbursement Contribution to Federal Candidate	011 Category/ Type
	Candidate Name Darrell Issa	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 48	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Contribution to Federal Candidate

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)
American Veterinary Medical Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Lisa Murkowski For Us Senate Mailing Address PO Box 100847 City Anchorage State AK Zip Code 99510 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Sen. Lisa Murkowski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AK District:	Transaction ID: 30120348 Date of Disbursement 06 / 23 / 2009 Amount of Each Disbursement this Period 2000.00 Contribution to Federal Candidate	011 Category/ Type
B.	Full Name (Last, First, Middle Initial) Johanns For Senate Incorporated Mailing Address 5555 South Street City Lincoln State NE Zip Code 68506 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Mr. Michael Johanns Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:	Transaction ID: 30120350 Date of Disbursement 06 / 23 / 2009 Amount of Each Disbursement this Period 2000.00 Contribution to Federal Candidate	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee Mailing Address 6380 Wilshire Blvd. #1612 City Los Angeles State CA Zip Code 90048 Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Henry A. Waxman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 30	Transaction ID: 30120352 Date of Disbursement 06 / 23 / 2009 Amount of Each Disbursement this Period 2500.00 Contribution to Federal Candidate	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional)	6500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress</p> <p>Mailing Address 200 North Main St. P.O. Box 712</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Steve Buyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30120353 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Congressman Joe Barton Committee</p> <p>Mailing Address PO Box 1444</p> <p>City Ennis State TX Zip Code 75120</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Joe Barton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30120354 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Kirkpatrick For Arizona</p> <p>Mailing Address PO Box 993</p> <p>City Prescott State AZ Zip Code 86302</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Ann Kirkpatrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30120355 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address PO Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30120359 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Frank Kratovil For Congress</p> <p>Mailing Address 222 Main Sail Drive PO Box 518</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Mr. Frank Kratovil</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30120360 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Rosa Delauro</p> <p>Mailing Address 49 Huntington Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rosa DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30120361 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Grassley Committee Inc</p> <p>Mailing Address PO Box 1000</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Sen. Charles E. Grassley</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30120363 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>B. Full Name (Last, First, Middle Initial) Boyd for Congress</p> <p>Mailing Address PO Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Allen Boyd</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30120368 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</p>
<p>C. Full Name (Last, First, Middle Initial) Graves For Congress</p> <p>Mailing Address 2345 Grand, Suite 2400</p> <p>City Kansas City State MO Zip Code 64108</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Samuel B. Graves, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30120371 Date of Disbursement 06 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Contribution to Federal Candidate</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)

PAGE 60 / 60

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

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NAME OF COMMITTEE (In Full)

American Veterinary Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citizens For Cochran

Mailing Address PO Box 7183

City State Zip Code
Tupelo MS 38802

Purpose of Disbursement
Contribution to Federal Candidate

Candidate Name
Sen. Thad Cochran

Office Sought: House
 Senate
 President

State: MS District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Transaction ID: 30129704

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Contribution to Federal
Candidate

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)