

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
American Veterinary Medical Association Political Action Committee

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

2. **FEC IDENTIFICATION NUMBER** C00114132
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Travis McDermott

Signature of Treasurer Electronically Filed by Dr. Travis McDermott Date 01 27 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

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	140251.40									
(c) Total Receipts (from Line 19)	161104.00	266678.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	301355.40	445130.40								
7. Total Disbursements (from Line 31)	122150.00	265925.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	179205.40	179205.40								
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

FEC Form 3X (Rev. 06/2004)

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)	27070.00	92959.70
(ii) Unitemized	132034.00	166944.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	159104.00	259903.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	159104.00	260903.70
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	2000.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	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))	161104.00	266678.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	161104.00	266678.70

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.....	117000.00	259000.00
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	5150.00	6925.00
(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))	5150.00	6925.00
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))..	122150.00	265925.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	122150.00	265925.00

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)	159104.00	260903.70
34. Total Contribution Refunds (from Line 28(d))	5150.00	6925.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	153954.00	253978.70
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 6 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Michael E Newman

Mailing Address 809 Hwy 36 E

City State Zip Code
Hartselle AL 35640

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

Name of Employer
Veterinary Regional Referral Hosp

Occupation
Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: 30389637

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr William Harvey Hay

Mailing Address 5029 Stony Point Rd

City State Zip Code
Barboursville VA 22923-2125

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

Name of Employer
Airport Animal Clinic

Occupation
Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: 30389639

Amount of Each Receipt this Period
255.00

C. Full Name (Last, First, Middle Initial)
Dr William J Mc Eniry

Mailing Address Box 477
1002 N 4th

City State Zip Code
Ashton IL 61006

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 ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	9

Transaction ID: 30389640

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional) ► **5505.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 7 / 58
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<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 L Everett Macomber		Date of Receipt
	Mailing Address 189 Summerside Dr		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Centralia	WA	98531
	FEC ID number of contributing federal political committee. C		Transaction ID: 30389644
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" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Dr Janice Sosnowski-Nichol		Date of Receipt
	Mailing Address 11676 Willow Grove Rd		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Camden Wyoming	DE	19934
	FEC ID number of contributing federal political committee. C		Transaction ID: 30389645
Name of Employer Delmarva Equine 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" value="500.00"/>	<input type="text" value="500.00"/>

C.	Full Name (Last, First, Middle Initial) Dr Janver D Krehbiel		Date of Receipt
	Mailing Address 1200 W Howell Rd		<input type="text" value="07"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Mason	MI	48854-9307
	FEC ID number of contributing federal political committee. C		Transaction ID: 30389646
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" value="250.00"/>	<input type="text" value="250.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A.	Full Name (Last, First, Middle Initial) Dr John Robert Scamahorn	Date of Receipt MM / DD / YYYY 07 / 23 / 2009
	Mailing Address 1674 E Range Line Rd	Transaction ID: 30389647
	City State Zip Code Greencastle IN 46135	Amount of Each Receipt this Period 91.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Animal Medical Clinic PC Occupation: Veterinarian Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 637.00	

B.	Full Name (Last, First, Middle Initial) Dr Walter C Robinson, III	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 634 Groce Meadow Rd	Transaction ID: 30389648
	City State Zip Code Taylors SC 29687	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: East North Veterinary Clinic 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 Jennifer Lynn Greiner	Date of Receipt MM / DD / YYYY 07 / 24 / 2009
	Mailing Address 550 14th Road S Apt 719	Transaction ID: 30389649
	City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: National Pork Producers Council 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)	1341.00
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 / 58
(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 Stephen Joseph Dullard

Mailing Address 1302 Hawthorn Ct

City State Zip Code
Mendota IL 61342

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

Name of Employer Ancare Veterinary Clinic Occupation Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt: 07 / 23 / 2009
Transaction ID: 30389651
Amount of Each Receipt this Period: 42.00

B. Full Name (Last, First, Middle Initial)
Dr William Ron DeHaven

Mailing Address 22 Tournament Dr N

City State Zip Code
Hawthorn Woods IL 60047-8401

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: 07 / 24 / 2009
Transaction ID: 30389653
Amount of Each Receipt this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
Dr John Russell Brooks

Mailing Address PO Box 30

City State Zip Code
Kingsville MD 21087

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 ▼ 600.00

Date of Receipt: 07 / 24 / 2009
Transaction ID: 30389654
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► 1542.00

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 10 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Ernest C Godfrey

Mailing Address 10770 Nina St

City State Zip Code
Largo FL 33778

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

Name of Employer: Pinellas Animal Hosp Bird Clin Inc
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 08 / 11 / 2009
Transaction ID: 30389678
 Amount of Each Receipt this Period: 500.00

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: Animal Medical Clinic PC
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
728.00

Date of Receipt: 08 / 24 / 2009
Transaction ID: 30522247
 Amount of Each Receipt this Period: 91.00

C. Full Name (Last, First, Middle Initial)
Dr Stephen Joseph Dullard

Mailing Address 1302 Hawthorn Ct

City State Zip Code
Mendota IL 61342

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

Name of Employer: Ancare Veterinary Clinic
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
336.00

Date of Receipt: 08 / 24 / 2009
Transaction ID: 30522248
 Amount of Each Receipt this Period: 42.00

SUBTOTAL of Receipts This Page (optional) ► **633.00**

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 / 58
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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 John Robert Scamahorn

Mailing Address 1674 E Range Line Rd

City Greencastle State IN Zip Code 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 ▼ 819.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30671634
Amount of Each Receipt this Period: 91.00

B. Full Name (Last, First, Middle Initial)
Dr Stephen Joseph Dullard

Mailing Address 1302 Hawthorn Ct

City Mendota State IL Zip Code 61342

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

Name of Employer Ancare Veterinary Clinic Occupation Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 378.00

Date of Receipt: 09 / 23 / 2009
Transaction ID: 30671635
Amount of Each Receipt this Period: 42.00

C. Full Name (Last, First, Middle Initial)
Dr Alan Wayne Schwartz

Mailing Address 4496 Coffeetree Ln

City Moorpark State CA Zip Code 93021

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

Name of Employer Moorpark Veterinary Hospital Occupation Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 13 / 2009
Transaction ID: 30888857
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► 383.00

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 / 58
(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 Rosemary JoAnne LoGiudice

Mailing Address 1264 Horseshoe Ln

City State Zip Code
Bartlett IL 60103-1877

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

Name of Employer Occupation
Univ of Illinois Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: 30888859

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Patricia L Grant

Mailing Address 454 Forest Cir

City State Zip Code
Marina CA 93933

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

Transaction ID: 30888865

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Dr Jeff D Grady

Mailing Address 338 Circlewood Ln

City State Zip Code
Cincinnati OH 45215-4109

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

Name of Employer Occupation
Grady Veterinary Hospital Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 9

Transaction ID: 30888866

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 13 / 58
(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 Stephen Joseph Dullard

Mailing Address 1302 Hawthorn Ct

City State Zip Code
Mendota IL 61342

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

Name of Employer: Ancare Veterinary Clinic
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt: 10 / 23 / 2009
Transaction ID: 30888869
Amount of Each Receipt this Period: 42.00

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: Animal Medical Clinic PC
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
910.00

Date of Receipt: 10 / 23 / 2009
Transaction ID: 30888870
Amount of Each Receipt this Period: 91.00

C. Full Name (Last, First, Middle Initial)
Dr Joanne Burns

Mailing Address 6525 SW 53rd St

City State Zip Code
Topeka KS 66610

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

Name of Employer: Veterinary Imaging Services
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 11 / 18 / 2009
Transaction ID: 30889141
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **633.00**

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 / 58
(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 Robert Ellwood Hess, Jr

Mailing Address 1351 Lancelot Way

City State Zip Code
Casselberry FL 32707

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

Name of Employer Winter Park Vet Clinic Occupation Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: 30985289

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Dr Richard Brungardt

Mailing Address 11639 N State Rd 13

City State Zip Code
Syracuse IN 46567

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

Transaction ID: 30985394

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Dr C Donald Seedle

Mailing Address PO Box 28

City State Zip Code
Allenspark CO 80510-0028

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

Name of Employer Occupation Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: 30985421

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 David R Barnett

Mailing Address 2501 Easton Dr

City State Zip Code
Burlingame CA 94010

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
M M / D D / Y Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: 30985535

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Michael Patrick Lent

Mailing Address 5701 N Indian Tr

City State Zip Code
Tucson AZ 85750

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

Name of Employer Pantano Animal Clinic Occupation
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
1 1 / 2 3 / 2 0 0 9

Transaction ID: 30985543

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr Michael Elliott Sink

Mailing Address 6859 Dresden Rd

City State Zip Code
High Point NC 27263

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

Name of Employer High Point Veterinary Hospital Occupation
Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

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

Transaction ID: 30985551

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **1200.00**

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 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Beverly Allen Scott

Mailing Address 2008 E LaVieve Ln

City State Zip Code
Tempe AZ 85284

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

Name of Employer Occupation
Gilbert Veterinary Hospital PC Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2009

Transaction ID: 30985611

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr Robert Lee Murry

Mailing Address 3500 N 60th St

City State Zip Code
Killeen TX 76543

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

Name of Employer Occupation
Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
11 / 25 / 2009

Transaction ID: 30985612

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr Clark Kenneth Fobian

Mailing Address 26448 Highway Hh

City State Zip Code
Sedalia MO 65301-0310

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

Name of Employer Occupation
Thompson Hills Animal Clinic Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 01 / 2009

Transaction ID: 30985737

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 17 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Richard P Streett, Jr
 Mailing Address 2828 Churchville Rd
 City State Zip Code
 Churchville MD 21028
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 2 / 2 0 0 9
Transaction ID: 30985742
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Churchville Veterinary Clinic
 Occupation Veterinarian
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

B. Full Name (Last, First, Middle Initial)
Dr Susan Ellen Wylegala
 Mailing Address 411 Voorhees Ave
 City State Zip Code
 Buffalo NY 14216
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 2 / 2 0 0 9
Transaction ID: 30985769
 Amount of Each Receipt this Period
 250.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cheektowaga Veterinary Hospital
 Occupation Veterinarian
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

C. Full Name (Last, First, Middle Initial)
Dr Douglas G Aspros
 Mailing Address 39 Scofield Rd
 City State Zip Code
 Pound Ridge NY 10576-1332
 Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 3 / 2 0 0 9
Transaction ID: 30985807
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bond Animal Hospital
 Occupation Veterinarian
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**
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 18 / 58
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Dr Sherbyn W Ostrich		Date of Receipt
	Mailing Address 268 W Texter Mission Rd		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Robesonia	PA	19551
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Veterinary Medical Center		Occupation Veterinarian	Transaction ID: 30985834
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

B.	Full Name (Last, First, Middle Initial) Dr Robert L Hatch		Date of Receipt
	Mailing Address 1039 Vista Verde		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Litchfield Park	AZ	85340
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Palm Valley Animal Clinic		Occupation Veterinarian	Transaction ID: 30985853
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

C.	Full Name (Last, First, Middle Initial) Dr Cara Denise Campbell		Date of Receipt
	Mailing Address 2723 Manvel Rd		<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Pearland	TX	77584
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Westside Veterinary Clinic		Occupation Veterinarian	Transaction ID: 30985868
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
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 19 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Stephen Joseph Dullard

Mailing Address 1302 Hawthorn Ct

City State Zip Code
Mendota IL 61342

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

Name of Employer: Ancare Veterinary Clinic Occupation: Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 462.00

Date of Receipt: 11 / 23 / 2009
Transaction ID: 31173247
Amount of Each Receipt this Period: 42.00

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: Animal Medical Clinic PC Occupation: Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1001.00

Date of Receipt: 11 / 23 / 2009
Transaction ID: 31173248
Amount of Each Receipt this Period: 91.00

C. Full Name (Last, First, Middle Initial)
Dr James F Peddie

Mailing Address 4201 Faria Rd

City State Zip Code
Ventura CA 93001-9789

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: 11 / 23 / 2009
Transaction ID: 31173251
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ **633.00**

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 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 James F Wilson

Mailing Address 2111 Yardley Rd

City State Zip Code
Yardley PA 19067

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

Name of Employer: Priority Vet Management Consult
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 12 / 07 / 2009
Transaction ID: 31173288
 Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Dr Stanley E Held

Mailing Address 1120 50th St NE

City State Zip Code
Buffalo MN 55313

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: 12 / 08 / 2009
Transaction ID: 31173353
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Dr Thomas F Meyer

Mailing Address 16202 NW 61st Ave

City State Zip Code
Ridgefield WA 98642

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

Name of Employer: Mountain View Veterinary Hospital
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt: 12 / 11 / 2009
Transaction ID: 31173413
 Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

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 21 / 58

(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 John Henry de Jong

Mailing Address 94 Summer St

City State Zip Code
Weston MA 02493

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

Name of Employer Self-Employed Occupation
Self-Employed Veterinarian

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 31173428

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)

Dr Jack L Anderson

Mailing Address 4606 Country Shadows Pl

City State Zip Code
Columbus NE 68601

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

Name of Employer Self-Employed Occupation
Self-Employed 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
1 2 / 1 4 / 2 0 0 9

Transaction ID: 31173507

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)

Dr James W Waymack

Mailing Address 3616 Hwy South

City State Zip Code
Arkadelphia AR 71923

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

Name of Employer Waymack Animal Hospital Occupation
Waymack Animal Hospital Veterinarian

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 31173508

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

1000.00

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 22 / 58
(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 David Frank Carron

Mailing Address 23374 Cass St

City Farmington State MI Zip Code 48335

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

Name of Employer Plaza Veterinary Hospital PC Occupation Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 14 / 2009

Transaction ID: 31173538

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Dr Rowland J Kinkler

Mailing Address 20 Mackinnon PI

City East Lyme State CT Zip Code 06333

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 ▼ 100.00

Date of Receipt 12 / 18 / 2009

Transaction ID: 31173688

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Dr Rowland J Kinkler

Mailing Address 20 Mackinnon PI

City East Lyme State CT Zip Code 06333

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 12 / 18 / 2009

Transaction ID: 31173689

Amount of Each Receipt this Period 150.00

SUBTOTAL of Receipts This Page (optional) ► **500.00**

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 23 / 58
(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 Jim Edmond Riviere

Mailing Address Ctr Chem Tox & Residue Pharm
4700 Hillsborough St

City Raleigh State NC Zip Code 27606

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

Name of Employer NORTH CAROLINA ST UNIV CVM Occupation Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 21 / 2009
Transaction ID: 31173697
Amount of Each Receipt this Period: 250.00

B.

Full Name (Last, First, Middle Initial)
Dr Robert E Hertzog

Mailing Address 24800 Milton Thompson Rd

City Lees Summit State MO Zip Code 64086

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

Name of Employer Lees Summit Animal Hospital PC Occupation Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 23 / 2009
Transaction ID: 31173763
Amount of Each Receipt this Period: 250.00

C.

Full Name (Last, First, Middle Initial)
Dr James Scott Winsor

Mailing Address 7131 Cahill Ave E

City Inver Grove Height State MN Zip Code 55076

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

Name of Employer Inver Grove Heights Animal Hospital Occupation Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 29 / 2009
Transaction ID: 31173824
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 24 / 58
(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 Billie Deam

Mailing Address 8125 N Pontiac Ave

City State Zip Code
Kansas City MO 64151

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

Name of Employer: Animal Clinic of Boardwalk Square
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2009

Transaction ID: 31173827

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: County Line Animal Hospital
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 29 / 2009

Transaction ID: 31173836

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Dr Bradford J Theodoroff

Mailing Address 1253 Covington Rd

City State Zip Code
Bloomfield Village MI 48307

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

Name of Employer: Animal Medical Center
Occupation: Veterinarian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 31 / 2009

Transaction ID: 31173860

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **600.00**

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 25 / 58
(check only one)
 11a 11b 11c 12
 13 14 15 16 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 Gill Veterinary Clinic Occupation 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
1 2 / 3 1 / 2 0 0 9

Transaction ID: 31173862

Amount of Each Receipt this Period
250.00

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

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

Name of Employer Occupation Veterinarian

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

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

Transaction ID: 31200141

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Dr John Martin Colburn

Mailing Address PO Box 277

City State Zip Code
Kremmling CO 80459

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 ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: 31229495

Amount of Each Receipt this Period
0.00

[MEMO ITEM]
Refund(s) on Schedule B
Totaling \$50.00 This changes the YTD Total to \$0.00

SUBTOTAL of Receipts This Page (optional) ► 5250.00

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 / 58
	<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 Harold T Trimmer		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address HC 33 Box 39 1455 Sandstone		Transaction ID: 31229496
City Las Vegas	State NV	Zip Code 89161
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer	Occupation Veterinarian	[MEMO ITEM] Refund(s) on Schedule B Totaling \$5000.00 This changes the YTD Total to \$5-000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) Dr John C Calhoun		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 2117 E Lewis Ln		Transaction ID: 31229497
City Nampa	State ID	Zip Code 83686
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.00
Name of Employer Idaho Veterinary Hospital	Occupation Veterinarian	[MEMO ITEM] Refund(s) on Schedule B Totaling \$100.00 This changes the YTD Total to \$0.-00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	27070.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 27 / 58	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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) Mikulski For Senate Committee		Date of Receipt
	Mailing Address P O B 13147		<input type="text" value="08"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Baltimore	MD	21203
	FEC ID number of contributing federal political committee.		Transaction ID: 30457865
	Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="2000.00"/>	
Receipt For: 2010		Refund of Contribution-Mikulski	
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General		
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		
	<input type="text" value="2000.00"/>		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2000.00"/>

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

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

<p>A.</p> <p>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: 30347111</p> <p>Date of Disbursement 08 / 06 / 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) 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: 30347119</p> <p>Date of Disbursement 08 / 06 / 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) 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30347799</p> <p>Date of Disbursement 08 / 06 / 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 29 / 58

<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

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

<p>A. Full Name (Last, First, Middle Initial) Adrian Smith For Congress</p> <p>Mailing Address 3321 Avenue I Suite 6</p> <p>City State Zip Code Scottsbluff NE 69361</p> <p>Purpose of Disbursement Contribution to Federal Candidate</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</p> <p>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: 30347800 Date of Disbursement 08 / 06 / 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) Tim Murphy For Congress</p> <p>Mailing Address PO Box 24551</p> <p>City State Zip Code Pittsburgh PA 15234</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. Tim F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA 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: 30347802 Date of Disbursement 08 / 06 / 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 Maurice Hinchey</p> <p>Mailing Address PO Box 4497</p> <p>City State Zip Code Kingston NY 12402</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Maurice Hinchey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 26</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30347803 Date of Disbursement 08 / 06 / 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

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) Rogers For Congress <hr/> Mailing Address PO Box 581 Post Office Box 581 <hr/> City Brighton State MI Zip Code 48116 <hr/> Purpose of Disbursement Contribution to Federal Candidates Candidate Name Rep. Michael J. Rogers <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30347804 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Adler For Congress <hr/> Mailing Address 14 Knightswood Drive <hr/> City Marlton State NJ Zip Code 08053 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John Herbert Adler <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30348442 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Lummis For Congress <hr/> Mailing Address 2015 Central Ave. Suite 200 <hr/> City Cheyenne State WY Zip Code 82001 <hr/> Purpose of Disbursement Contribution to Federal Candidate Candidate Name Rep. Cynthia M. Lummis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WY District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30348443 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

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 31 / 58

<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

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

<p>A. Full Name (Last, First, Middle Initial) John D. Dingell For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contribution to Federal Candidate</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30348481 Date of Disbursement 08 / 06 / 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) 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: 30348482 Date of Disbursement 08 / 06 / 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) 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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30348485 Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contributions to Federal Candidates</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

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) Friends of Rosa Delauro <hr/> Mailing Address 49 Huntington Street <hr/> City New Haven State CT Zip Code 06511 <hr/> Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rosa DeLauro <hr/> 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: CT District: 03	Transaction ID: 30348486 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 2000.00
B.	Full Name (Last, First, Middle Initial) Simpson for Congress <hr/> Mailing Address 786 Hoff Drive <hr/> City Blackfoot State ID Zip Code 83221 <hr/> Purpose of Disbursement Contribution to Federal Candidate Candidate Name Michael Simpson <hr/> 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: ID District: 31	Transaction ID: 30348489 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Lincoln Davis For Congress <hr/> Mailing Address PO Box 350 <hr/> City Jamestown State TN Zip Code 38556 <hr/> Purpose of Disbursement Contribution to Federal Candidate Candidate Name Mr. Lincoln Davis <hr/> 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: TN District: 00	Transaction ID: 30348490 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Georgians For Isakson</p> <p>Mailing Address Post Office Box 250116</p> <p>City Atlanta State GA Zip Code 30325</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Mr. John Isakson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30348564 Date of Disbursement 08 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Contributions to Federal Candidates</p>
<p>B. 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: 30348565 Date of Disbursement 08 / 06 / 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) Michaud For Congress</p> <p>Mailing Address 213 Lisbon St</p> <p>City Lewiston State ME Zip Code 04240</p> <p>Purpose of Disbursement Contribution to Federal Candidates</p> <p>Candidate Name Rep. Michael H. Michaud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME 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: 30348566 Date of Disbursement 08 / 06 / 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) ►

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

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) Mikulski For Senate Committee Mailing Address P O B 13147 City Baltimore State MD Zip Code 21203 Purpose of Disbursement Contribution 2010 General-Mikulski Candidate Name Barbara Mikulski Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30470355 Date of Disbursement 09 / 01 / 2009 Amount of Each Disbursement this Period 1000.00 Contribution 2010 General-Mikulski	011 Category/ Type
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 Pallone 2010 Primary 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: 30470356 Date of Disbursement 09 / 01 / 2009 Amount of Each Disbursement this Period 1000.00 Contribution Pallone 2010 Primary	011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Restore America PAC Mailing Address 2436 SW Camelot Pl City Topeka State KS Zip Code 66614 Purpose of Disbursement Contribution Restore America PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30470617 Date of Disbursement 09 / 01 / 2009 Amount of Each Disbursement this Period 1000.00 Contribution Restore America PAC	011 Category/ Type

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

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

<p>A. Full Name (Last, First, Middle Initial) Markey For Congress</p> <p>Mailing Address PO Box 1333</p> <p>City Fort Collins State CO Zip Code 80521</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Betsy Markey</p> <p>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: CO District: 04</p>	<p>Transaction ID: 30609641 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	9		2	0	0	9													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Citizens for Dave Obey Committee</p> <p>Mailing Address PO Box 1322</p> <p>City Wausau State WI Zip Code 54402</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name David Obey</p> <p>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: WI District: 07</p>	<p>Transaction ID: 30609644 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	9	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	9		2	0	0	9													
5000.00																						
<p>C. Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota</p> <p>Mailing Address PO Box 2009</p> <p>City Sioux Falls State SD Zip Code 57101</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Herseth M</p> <p>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: SD District: 01</p>	<p>Transaction ID: 30610012 Date of Disbursement: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	9		2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">7000.00</td></tr></table>	7000.00
7000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

**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

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) Friends Of Roy Blunt	Transaction ID: 30610365 Date of Disbursement 09 / 29 / 2009
	Mailing Address PO Box 50100	Amount of Each Disbursement this Period 1000.00
	City Springfield State MO Zip Code 65805	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Roy Blunt	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kagen 4 Congress	Transaction ID: 30610367 Date of Disbursement 09 / 29 / 2009
	Mailing Address 100 W. College Ave. 50 D	Amount of Each Disbursement this Period 1000.00
	City Appleton State WI Zip Code 54911	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Steve Kagen	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kathy Dahlkemper For Congress	Transaction ID: 30610368 Date of Disbursement 09 / 29 / 2009
	Mailing Address PO Box 1045	Amount of Each Disbursement this Period 1000.00
	City Erie State PA Zip Code 16512	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Kathleen A. Dahlkemper	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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

<p>A. Full Name (Last, First, Middle Initial) Kurt Schrader For Congress</p> <p>Mailing Address PO Box 3314 Suite 240</p> <p>City Oregon City State OR Zip Code 97045</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Kurt Schrader</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 05</p>	<p>Transaction ID: 30610381 Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Evan Bayh for U.S. Senate</p> <p>Mailing Address 1 North Capital, Suite 200</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Evan Bayh</p> <p>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: IN District:</p>	<p>Transaction ID: 30610382 Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Poe For Congress</p> <p>Mailing Address P.O. Box 14222</p> <p>City Humble State TX Zip Code 77347</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Ted Poe</p> <p>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: TX District: 02</p>	<p>Transaction ID: 30610383 Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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) Woolsey for Congress <hr/> Mailing Address P.O. Box 750176 <hr/> City Petaluma State CA Zip Code 94975 <hr/> Purpose of Disbursement <hr/> Candidate Name Lynn Woolsey <hr/> 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: 06	Transaction ID: 30610384 Date of Disbursement 09 / 29 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Committee To Re-Elect Nydia M. Velazquez To Congre <hr/> Mailing Address 315 Inspiration Lane <hr/> City Gaithersburg State MD Zip Code 20878 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Nydia M. Velazquez <hr/> 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: NY District: 12	Transaction ID: 30616668 Date of Disbursement 09 / 30 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Steve Austria For Congress <hr/> Mailing Address 20 S Limestone St Suite 390 <hr/> City Springfield State OH Zip Code 45502 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Steve Austria <hr/> 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: OH District: 07	Transaction ID: 30618073 Date of Disbursement 09 / 30 / 2009
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

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) Giffords For Congress Mailing Address PO Box 12886 City Tucson State AZ Zip Code 85732 Purpose of Disbursement 011 Candidate Name Rep. Gabrielle Giffords 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: AZ District: 08	Transaction ID: 30855695 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) Dan 10 Mailing Address 1088 Bishop Street Suite 1009 City Honolulu State HI Zip Code 96813 Purpose of Disbursement 011 Candidate Name Sen. Daniel K. Inouye 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: HI District:	Transaction ID: 30855705 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">5000.00</div>
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 011 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: 30855707 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 3 / 2 0 0 9 Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center;">2500.00</div>

SUBTOTAL of Disbursements This Page (optional)	<div style="border: 1px solid black; padding: 5px;">8500.00</div>
TOTAL This Period (last page this line number only)	<div style="border: 1px solid black; padding: 5px; height: 20px;"></div>

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 40 / 58

<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

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

<p>A. Full Name (Last, First, Middle Initial) Childers For Congress</p> <p>Mailing Address PO Box 177</p> <p>City Booneville State MS Zip Code 38829</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. Travis Childers</p> <p>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: MS District: 01</p>	<p>Transaction ID: 30855709 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Mike McIntyre For Congress</p> <p>Mailing Address P.O. Box 1</p> <p>City Lumberton State NC Zip Code 28359</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Mike McIntyre</p> <p>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: NC District: 07</p>	<p>Transaction ID: 30855711 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of John Barrow</p> <p>Mailing Address PO Box 8166</p> <p>City Savannah State GA Zip Code 31412</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Mr. John Barrow</p> <p>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: GA District: 12</p>	<p>Transaction ID: 30855713 Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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) Bob Casey For Senate Inc <hr/> Mailing Address 607 14th Street Nw Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Robert Casey, Jr. <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30855714 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	3	/	2	0	0	9													
B.	Full Name (Last, First, Middle Initial) McConnell Senate Committee <hr/> Mailing Address PO Box 1496 <hr/> City Louisville State KY Zip Code 40201 <hr/> Purpose of Disbursement 011 Candidate Name Mitch McConnell <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30855715 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">2000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	3	/	2	0	0	9													
C.	Full Name (Last, First, Middle Initial) Friends Of John Thune <hr/> Mailing Address 200 North Phillips Avenue Ste L101 <hr/> City Sioux Falls State SD Zip Code 57104 <hr/> Purpose of Disbursement 011 Candidate Name Sen. John R. Thune <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30855719 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	3	/	2	0	0	9													

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">4000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**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

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

<p>A. Full Name (Last, First, Middle Initial) Coburn For Senate 2010</p> <p>Mailing Address Post Office Box 977</p> <p>City Muskogee State OK Zip Code 74402</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Sen. Thomas Allen Coburn, M.D.</p> <p>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) ▼</p> <p>State: OK District:</p>	<p>Transaction ID: 30855720 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0	9	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	3	/	2	0	0	9													
2000.00																						
<p>B. 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 011 Category/ Type</p> <p>Candidate Name Rep. Frank Lucas</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OK District: 03</p>	<p>Transaction ID: 30855722 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	3	/	2	0	0	9													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Schauer For Congress</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Mark Hamilton Schauer</p> <p>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) ▼</p> <p>State: MI District: 07</p>	<p>Transaction ID: 30855723 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	1	3	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	1	/	1	3	/	2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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) Cantor For Congress	Transaction ID: 30855724 Date of Disbursement
	Mailing Address P. O. Box 17813	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Rep. Eric I. Cantor	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bright For Congress.Com	Transaction ID: 30855726 Date of Disbursement
	Mailing Address P.O.Box 2106	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Montgomery State AL Zip Code 36102	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Bobby Neal Bright, Sr.	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 30855727 Date of Disbursement
	Mailing Address 320 1st Street, SE	<input type="text" value="11"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
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

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)
Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: 30855728

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	9

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
Friends Of Frank Wolf

Mailing Address P.O. Box 221585

City Chantilly State VA Zip Code 20153

Purpose of Disbursement

Candidate Name
Rep. Frank R. Wolf

Office Sought: House Senate President

State: VA District: 10

Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: 30857306

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
Massa For Congress

Mailing Address 60 East Market Street
Suite 244

City Corning State NY Zip Code 14830

Purpose of Disbursement

Candidate Name
Rep. Eric J.J. Massa

Office Sought: House Senate President

State: NY District: 29

Disbursement For: 2010 Primary General Other (specify) ▼

Transaction ID: 30857307

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

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

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) Sanford D. Bishop, Jr. for Congress	Transaction ID: 30857308 Date of Disbursement
	Mailing Address PO Box 6020	<input type="text" value="11"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Albany State GA Zip Code 31705	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Sanford Bishop	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Rodney Alexander For Congress Inc.	Transaction ID: 30857309 Date of Disbursement
	Mailing Address 319 Nancy'S Road 319 Nancy Road	<input type="text" value="11"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Quitman State LA Zip Code 71268	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Rodney Alexander	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kissell For Congress	Transaction ID: 30857310 Date of Disbursement
	Mailing Address P.O. Box 1530	<input type="text" value="11"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Biscoe State NC Zip Code 27209	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Larry Kissell	<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: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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) Heath Shuler For Congress	Transaction ID: 30857311 Date of Disbursement
	Mailing Address PO Box 8446	<input type="text" value="11"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Asheville State NC Zip Code 28814	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Heath Shuler	<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: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Tim Johnson For South Dakota Inc	Transaction ID: 30857317 Date of Disbursement
	Mailing Address PO Box 1536	<input type="text" value="11"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name Sen. Tim Johnson	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hagan Senate Committee Inc	Transaction ID: 30857318 Date of Disbursement
	Mailing Address PO Box 29103	<input type="text" value="11"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Greensboro State NC Zip Code 27429	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Kay Hagan	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
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

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) Dina Titus For Congress	Transaction ID: 30857319 Date of Disbursement 11 / 16 / 2009
	Mailing Address P. O. Box 50614 Suite C5	Amount of Each Disbursement this Period 1000.00
	City Henderson State NV Zip Code 89016	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Dina Titus	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mark Pryor For Us Senate	Transaction ID: 30857322 Date of Disbursement 11 / 16 / 2009
	Mailing Address PO Box 2720	Amount of Each Disbursement this Period 1000.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Mark L. Pryor	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Chambliss For Senate	Transaction ID: 30857357 Date of Disbursement 11 / 16 / 2009
	Mailing Address Post Office Box 12469	Amount of Each Disbursement this Period 2000.00
	City Atlanta State GA Zip Code 30355	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Sen. Saxby Chambliss	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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) Bocchieri For Congress	Transaction ID: 31002907 Date of Disbursement																			
	Mailing Address PO Box 20535	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	9												
	City Canton State OH Zip Code 44701	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. John A. Bocchieri	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 16	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Charles Boustany Jr Md For Congress, Inc	Transaction ID: 31002908 Date of Disbursement																			
	Mailing Address PO Box 80126	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	9												
	City Lafayette State LA Zip Code 70598	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Charles W. Boustany, Jr.	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Henry E. Brown Jr. For Congress	Transaction ID: 31002909 Date of Disbursement																			
	Mailing Address P. O. Box 61886	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	9												
	City North Charleston State SC Zip Code 29419	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Henry E. Brown, Jr.	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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) Friends Of Sherrod Brown	Transaction ID: 31002910 Date of Disbursement 12 / 14 / 2009
	Mailing Address PO Box 76187 Suite 800	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Sen. Sherrod Brown	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Gillibrand For Senate	Transaction ID: 31002915 Date of Disbursement 12 / 14 / 2009
	Mailing Address 313 C Street Ne	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Kirsten Gillibrand	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) TEAM EMERSON FOR JO ANN EMERSON	Transaction ID: 31002916 Date of Disbursement 12 / 14 / 2009
	Mailing Address PO Box 822	Amount of Each Disbursement this Period 1000.00
	City Cape Girardeau State MO Zip Code 63702	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Jo Ann Emerson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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

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) Committee To Elect Madeleine Z. Bordallo	Transaction ID: 31002919 Date of Disbursement																			
	Mailing Address P.O. Box 2448	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	9												
	City Hagatna State GU Zip Code 96932	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Madeleine Z. Bordallo	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GU District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Ellsworth For Congress Committee	Transaction ID: 31002943 Date of Disbursement																			
	Mailing Address P.O. Box 62	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	9												
	City Evansville State IN Zip Code 47701	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Brad Ellsworth	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Nathan Deal for Congress	Transaction ID: 31002944 Date of Disbursement																			
	Mailing Address P O Box 902	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	9												
	City Gainesville State GA Zip Code 30503	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Candidate Name Nathan Deal	<table border="1"><tr><td>011</td></tr></table> Category/Type	011																		
011																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>4000.00</td></tr></table>	4000.00
4000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**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

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

<p>A. Full Name (Last, First, Middle Initial) Steve Chabot For Congress</p> <p>Mailing Address 3030 Harrison Avenue 3014 Harrison Ave.</p> <p>City Cincinnati State OH Zip Code 45211</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Steve Chabot</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH 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: 31002951 Date of Disbursement 1 2 / 1 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Castor For Congress</p> <p>Mailing Address 301 W. Platt Street #385</p> <p>City Tampa State FL Zip Code 33606</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Kathy Castor</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 31002952 Date of Disbursement 1 2 / 1 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Adler For Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. John Herbert Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ 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: 31002954 Date of Disbursement 1 2 / 1 4 / 2 0 0 9</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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) Friends Of Glenn Thompson	Transaction ID: 31002955 Date of Disbursement																			
	Mailing Address PO Box 1112	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	9												
	City State College State PA Zip Code 16804	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Glenn W. Thompson	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Niki Tsongas Committee, The	Transaction ID: 31002956 Date of Disbursement																			
	Mailing Address PO Box 1454	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	9												
	City Lowell State MA Zip Code 01853	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Rep. Nicola S. Tsongas	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee	Transaction ID: 31002957 Date of Disbursement																			
	Mailing Address P.O. Box 47025	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	4		2	0	0	9												
	City St. Petersburg State FL Zip Code 33743	Amount of Each Disbursement this Period																			
	Purpose of Disbursement	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name C.W. Bill Young	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00
3000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

**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 53 / 58

<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

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

<p>A. Full Name (Last, First, Middle Initial) Alaskans for Don Young</p> <p>Mailing Address P O Box 100298</p> <p>City Anchorage State AK Zip Code 99510</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Don Young</p> <p>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: AK District: 01</p>	<p>Transaction ID: 31002958 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	4	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	4	/	2	0	0	9													
1000.00																						
<p>B. 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 011 Category/Type</p> <p>Candidate Name Rep. Collin Peterson</p> <p>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: MN District: 07</p>	<p>Transaction ID: 31003800 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	4	/	2	0	0	9	1500.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	4	/	2	0	0	9													
1500.00																						
<p>C. Full Name (Last, First, Middle Initial) Kind For Congress Committee</p> <p>Mailing Address 205 5th Avenue South Suite 428</p> <p>City La Crosse State WI Zip Code 54601</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. Ron Kind</p> <p>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: WI District: 03</p>	<p>Transaction ID: 31004157 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	4	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2	/	1	4	/	2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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) Friends Of Blanche Lincoln <hr/> Mailing Address PO Box 3197 <hr/> City Little Rock State AR Zip Code 72203 <hr/> Purpose of Disbursement 011 Candidate Name Sen. Blanche Lambert Lincoln 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: AR District:	Transaction ID: 31004184 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Jesse Jackson Jr For Congress <hr/> Mailing Address P.O. Box 490286 <hr/> City Chicago State IL Zip Code 60649 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Jesse L. Jackson, Jr. 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: IL District: 02	Transaction ID: 31004185 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Jim Himes For Congress <hr/> Mailing Address 857 Post Road, #312 <hr/> City Fairfield State CT Zip Code 06824 <hr/> Purpose of Disbursement 011 Candidate Name Rep. James A. Himes 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: CT District: 04	Transaction ID: 31004186 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

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

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

<p>A. Full Name (Last, First, Middle Initial) Hal Rogers For Congress</p> <p>Mailing Address P.O. Box 1214 East Mt Vernon St</p> <p>City Somerset State KY Zip Code 42502</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Rep. Harold Dallas Rogers</p> <p>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) ▼</p> <p>State: KY District: 05</p>	<p>Transaction ID: 31004187 Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Tim Ryan For Congress</p> <p>Mailing Address 1600 Roosevelt Avenue Suite 804</p> <p>City Niles State OH Zip Code 44446</p> <p>Purpose of Disbursement <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Rep. Timothy J. Ryan</p> <p>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) ▼</p> <p>State: OH District: 17</p>	<p>Transaction ID: 31004189 Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. 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 <input type="checkbox"/> 011 Category/ Type</p> <p>Candidate Name Jackie Speier</p> <p>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) ▼</p> <p>State: CA District: 12</p>	<p>Transaction ID: 31004192 Date of Disbursement 12 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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) Friends Of John Sarbanes <hr/> Mailing Address PO Box 6854 <hr/> City Towson State MD Zip Code 21285 <hr/> Purpose of Disbursement 011 Candidate Name Rep. John P. Sarbanes 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: MD District: 03	Transaction ID: 31004193 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>
B.	Full Name (Last, First, Middle Initial) David Scott For Congress <hr/> Mailing Address P.O. Box 960821 <hr/> City Riverdale State GA Zip Code 30296 <hr/> Purpose of Disbursement 011 Candidate Name Rep. David Albert Scott 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: GA District: 13	Transaction ID: 31004194 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>
C.	Full Name (Last, First, Middle Initial) Kaptur for Congress <hr/> Mailing Address P O Box 899 <hr/> City Toledo State OH Zip Code 43691 <hr/> Purpose of Disbursement 011 Candidate Name Marcy Kaptur 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: OH District: 09	Transaction ID: 31004196 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 9 </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: center;">1000.00</div>

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">3000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 5px; min-height: 20px;"></div>

**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 57 / 58

<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

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) King For Congress	Transaction ID: 31004197 Date of Disbursement 12 / 14 / 2009
	Mailing Address 116 N Main St. PO Box 400	Amount of Each Disbursement this Period 1000.00
	City Early State IA Zip Code 50535	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Steve A. King	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Stabenow for U.S. Senate	Transaction ID: 31004462 Date of Disbursement 12 / 14 / 2009
	Mailing Address PO Box 4945	Amount of Each Disbursement this Period 2000.00
	City E Lansing State MI Zip Code 48826	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Debbie Stabenow	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

117000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 58

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

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 Harold T Trimmer

Transaction ID: 31200140

Date of Disbursement

^M	^M	/	^D	^D	/	^Y	^Y	^Y	^Y
1	2		3	1		2	0	0	9

Mailing Address HC 33 Box 39
1455 Sandstone

City Las Vegas State NV Zip Code 89161

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
12/10/09 over exceeded the limit by \$5,000

010
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

12/10/09 over exceeded the
limit by \$5,000

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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

5000.00
