

## ASSOCIATED EQUIPMENT DISTRIBUTORS PAC

FEDERAL ELECTION COMMISSION NUMBER C00010124

## 2025 AED PAC Contribution Form

Thank you for supporting the Associated Equipment Distributors Political Action Committee (AED PAC). Please provide the following information to help us process your PAC contribution and to ensure that we are able to fully comply with the requirements of the Federal Election Campaign Act.

| Name  |                         |                             |         | · · · · · · · · · · · · · · · · · · · |              |  |
|---|-------------------------|-----------------------------|---------|---------------------------------------|--------------|--|
| Company Name  |                         |                             |         | · · · · · · · · · · · · · · · · · · · |              |  |
| Home Address  |                         |                             |         | · · · · · · · · · · · · · · · · · · · |              |  |
| Telephone Number  | oer Em                  |                             |         |                                       |              |  |
| Contribution  |                         |                             |         |                                       |              |  |
| ☐ \$5,000 President's Circle  |                         | ☐ \$2,500 Chairman's Caucus |         | ☐ \$1,500 Capitol Club                |              |  |
| ☐ \$ 1,000 Washington Team  |                         | ☐ \$500 PAC Supporter       |         | ☐ \$250 Emerging Leader               |              |  |
| Method of Payment   |                         |                             |         |                                       |              |  |
| ☐ Check   | ☐ AMEX                  | ☐ Visa                      | ☐ Mas   | terCard                               | ☐ Invoice Me |  |
| Credit Card Number  |                         |                             |         |                                       |              |  |
| Security Code   | Expiration Date (MM/YY) |                             |         |                                       |              |  |
| Billing Address ☐ Same as Above   |                         |                             |         |                                       |              |  |
| Alternate Billing Address   |                         |                             |         |                                       |              |  |
| I hereby authorize the Associated Equipment Distributors to charge my credit card for the amount indicated above and affirm that I am personally responsible for the contribution (e.g., corporate funds are not being used).   |                         |                             |         |                                       |              |  |
| Signature:  |                         |                             | _ Date: |                                       |              |  |
| For contributions on behalf of a Limited Liability Company ("LLC"): For contributions on behalf of a Limited Liability Company ("LLC"), Limited Partnerships ("LP") Limited Liability Partnerships "LLP" and Sole Proprietorships "SP": I certify that the contributing LLC, LP, LLP or SP is treated as a partnership by the IRS and that I am eligible to make this contribution on behalf of the entity. I affirm that I am personally responsible for the entire amount of this AED PAC contribution. Alternatively, if the contribution is made on behalf of multiple partners, a supplemental form containing further information as required by federal rules. |                         |                             |         |                                       |              |  |
| Signature:  |                         |                             |         |                                       |              |  |

Please be advised that all contributions to AED PAC must be from personal, NOT corporate funds. To prevent inadvertent corporate contributions, AED PAC does not accept contributions made with corporate credit cards. In accordance with federal rules, AED PAC does not accept contributions from individuals who have direct contracts with the federal government. Contributions are not deductible as charitable contributions for federal income tax purposes. AED only accepts PAC contributions from U.S. citizens or green card holders who are principals and senior management employees of companies that have given written solicitation permission as required by federal law. All PAC contributions are voluntary.



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## **AED PAC SOLICITATION CONSENT FORM**

The Federal Election Campaign Act requires trade associations to obtain permission from members before they may receive information about or be solicited for contributions to the association's political action committee. Please note that as a matter of AED policy this form must be signed before we can accept PAC contributions from you or any of your employees.

I hereby give permission for the Associated Equipment Distributors Political Action Committee to solicit contributions from: (Please check one of the two options below)

| SOlicit Cortificatio | ilis Ilolli. (Flease Check one of                                    | the two options below)   |  |  |  |  |
|----------------------|--|--|--|--|--|--|
|                      | 's principals and senior manag<br>ndicated below.                    | gement level employees (including myself) during   |  |  |  |  |
| Only myself          | during the year(s) indicated be                                      | low.   |  |  |  |  |
|                      | permission to any other trade  | olicitation consent and that my company has not association political action committee for the |  |  |  |  |
| Your Name (plea      | ase print)   | Your Title   |  |  |  |  |
| Your Company's       | Name   | Today's Date   |  |  |  |  |
| Your Company's       | Street Address   | You Company's City, State, and Zip   |  |  |  |  |
| Your Telephone       | Number   | Your E-mail Address  |  |  |  |  |
|                      | iires separate and specific con<br>nich you wish to give solicitatio | sent for each year. Please sign the line beside on permission.                                 |  |  |  |  |
| 2025                 | Signature  | Signature  |  |  |  |  |
| 2026                 | Signature  | Signature  |  |  |  |  |
| 2027                 | Signature  | Signature  |  |  |  |  |
| 2028                 | Signature  | Signature  |  |  |  |  |
| 2029                 | Signature  |  |  |  |  |  |