

RECEIVED

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FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

K-I-V-A-I-T F O O D S T O R E S , I N C . F O O D P A C

ADDRESS (number and street)

P . O . B O X 1 1 5 8

Check if different
than previously
reported. (ACC)

A B I N G D O N

V A

2 4 2 1 2 - 1 1 5 8

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 3 3 7 9 6 4

3. IS THIS
REPORTNEW
(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
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



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 (12S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

In the
State of

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the
State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

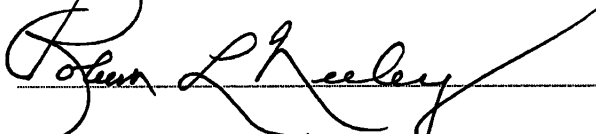
M M / D D / Y Y Y Y

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

Robert L. Neeley, Assistant Treasurer

Signature of Treasurer



Date

M M / D D / Y Y Y Y

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
OnlyFEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

K-VA-T Food Stores, Inc. FOODPAC

Report Covering the Period:

From:

MM / DD / YYYY
1 0 / 1 4 / 2 0 1 0

To:

MM / DD / YYYY
1 1 / 2 2 / 2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2 0 1 0	1 9 8 8 3 6 3
(b) Cash on Hand at Beginning of Reporting Period.....	2 0 2 6 2 1 3	
(c) Total Receipts (from Line 19)	1 0 0 0 0 0	4 4 7 8 5 0
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2 1 2 6 2 1 3	2 4 3 6 2 1 3
7. Total Disbursements (from Line 31)	2 1 8 5	3 1 2 1 8 5
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2 1 2 4 0 2 8	2 1 2 4 0 2 8
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0 0	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

K-VA-T Food Stores, Inc. FOODPAC

Report Covering the Period:

From:

MM / DD / YYYY
1 0 / 1 4 / 2 0 1 0

To:

MM / DD / YYYY
1 1 / 2 2 / 2 0 1 0

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).....

1 0 0 0 0 0

3 8 1 1 5 0

(ii) Unitemized.....

0 0

6 6 7 0 0

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1 0 0 0 0 0

4 4 7 8 5 0

(b) Political Party Committees.....

0 0

0 0

(c) Other Political Committees

(such as PACs).....

0 0

0 0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

1 0 0 0 0 0

4 4 7 8 5 0

12. Transfers From Affiliated/Other

Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

1 0 0 0 0 0

4 4 7 8 5 0

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

1 0 0 0 0 0

4 4 7 8 5 0

10030512118

COLUMN B
Calendar Year-to-Date

- 100

-

- 1 2 1 8 5

- 1 2 1 8 5

- 100

- 5-0-0-0-0

-

-

-
- | Time (h) | Plasma concentration (mg/ml) (○) | Plasma concentration (mg/ml) (□) |
|----------|----------------------------------|----------------------------------|
| 0 | 0.0 | 0.0 |
| 1 | 0.45 | 0.35 |
| 2 | 0.65 | 0.55 |
| 3 | 0.55 | 0.45 |
| 4 | 0.45 | 0.35 |
| 5 | 0.35 | 0.25 |
| 6 | 0.25 | 0.15 |
| 7 | 0.15 | 0.10 |
| 8 | 0.10 | 0.05 |
| 9 | 0.05 | 0.02 |
| 10 | 0.02 | 0.01 |
| 11 | 0.01 | 0.00 |
| 12 | 0.00 | 0.00 |

- (The following text is illegible due to extreme blurriness.)*

- The following table shows the results of the regression analysis for the dependent variable "Number of children in the household" (N = 1,000). The independent variables are "Age of the head of household" and "Gender of the head of household". The results are presented in the following table:
- | Variable | Coefficient | Standard Error | t-statistic | p-value |
|---------------------------------|-------------|----------------|-------------|---------|
| Age of the head of household | 0.001 | 0.001 | 1.00 | 0.316 |
| Gender of the head of household | 0.001 | 0.001 | 1.00 | 0.316 |
| Constant | 1.000 | 0.000 | 1.00 | 0.316 |

- 100-443887-100

- [illegible]

- 0.0

- 2 5 0 0 0 0

- [illegible]

- 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

- [illegible]

- Figure 1. A schematic diagram of the experimental setup. The subject is seated in a chair, viewing a video screen. The screen displays a target (a small circle) and a starting point (a larger circle). The subject's hand is positioned at the starting point. The distance between the starting point and the target is labeled as d . The subject is instructed to move their hand from the starting point to the target. The video screen is connected to a computer system, which records the hand's position and movement time. The computer system is also connected to a data acquisition system, which records the subject's heart rate and blood pressure. The data acquisition system is connected to a computer, which stores the data and generates a report.

- [illegible]

- [illegible]

- [illegible]

- 2 1 2 1 8 5

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1,000.00	4,478.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,000.00	4,478.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2,185.00	1,218.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	2,185.00	1,218.50

10030512120

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☒ 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)

K-VA-T Food Stores, Inc. FOODPAC

Full Name (Last, First, Middle Initial)

A. Meadows, Donnie L.

Mailing Address

17349 Mahogany Dr.

City

Abingdon

State

VA

Zip Code

24210

FEC ID number of contributing
federal political committee.

C

Name of Employer

K-VA-T Food Stores, Inc.

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

5,000.00

Contribution to Fund

Date of Receipt

10 / 27 / 2010

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

B. Mascola, Stuart D.

Mailing Address

645 Hales Chapel Road

City

Gray

State

TN

Zip Code

37615

FEC ID number of contributing
federal political committee.

C

Name of Employer

K-VA-T Food Stores, Inc.

Occupation

VP In-Store Services

Receipt For:

☐ Primary ☐ General
☒ Other (specify) ▼

Aggregate Year-to-Date ▼

5,000.00

Contribution to Fund

Date of Receipt

10 / 27 / 2010

Amount of Each Receipt this Period

5,000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

1,000.00

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

1,000.00

10030512121

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 1 OF 1

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

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)

K-VA-T Food Stores, Inc. FOODPAC

Full Name (Last, First, Middle Initial)

A.

Eddie's Trophies & Gift Shop

Mailing Address

102 16th Street and Shelby Street

City

Bristol

State

TN

Zip Code

37621

Purpose of Disbursement

Date Plates for Contributor Plaques

Candidate Name

N/A

Office Sought:

☐ House

☐ Senate

☐ President

N/A

State:

District:

Disbursement For:

☐ Primary

☐ General

☒ Other (specify) ▼

Date Plates for Contributor Plaques

Date of Disbursement

MM / DD / YYYY
10 / 26 / 2010

Amount of Each Disbursement this Period

218.5

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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


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

218.5
218.5

10030512122

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(3/2005)

12/2/10
DATE PREPARED

10030512123