

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

WHOLESALER-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

ADDRESS (number and street) 1325 G Street, N.W. Suite 1000

Check if different than previously reported. (ACC) WASHINGTON DC 20005 3134

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00109306

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day **PRE-Election** Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day **Post -Election** Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on 11 04 2008 in the State of _____

5. Covering Period 10 16 2008 through 11 24 2008

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 Beth Rivera Cruz

Signature of Treasurer Electronically Filed by Beth Rivera Cruz Date 12 04 2008

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		47714.31
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	815.56									
(c) Total Receipts (from Line 19)	21425.00	104000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22240.56	151714.31								
7. Total Disbursements (from Line 31)	21700.00	151173.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	540.56	540.56								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

Report Covering the Period: From:

M	M
1	0

D	D
1	6

Y	Y	Y	Y
2	0	0	8

 To:

M	M
1	1

D	D
2	4

Y	Y	Y	Y
2	0	0	8

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	21350.00	79225.00
(i) Itemized (use Schedule A)	75.00	3775.00
(ii) Unitemized	21425.00	83000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	11000.00
(c) Other Political Committees (such as PACs)	21425.00	94000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	21425.00	104000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	21425.00	104000.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	10900.00	140373.75
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	10800.00	10800.00
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))..	21700.00	151173.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21700.00	151173.75

DETAILED SUMMARY PAGE
of Disbursements

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	21425.00	94000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21425.00	94000.00
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: (check only one)	PAGE 6 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
WHOLEALER-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A.	Full Name (Last, First, Middle Initial) Mr. Brent Baker	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 1200 Centre Park Blvd	Transaction ID: SA11AI.5323
	City State Zip Code DeSoto TX 75123-1660	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Political contribution
	Name of Employer Occupation D W Distribution Account Manager	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Mr. Glenn Beyerl	Date of Receipt MM / DD / YYYY 11 / 11 / 2008
	Mailing Address 926 Route 46/PO Box N	Transaction ID: SA11AI.5313
	City State Zip Code Kenvil NJ 07847-1013	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Political contribution
	Name of Employer Occupation K P M Exceptional LLC President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Mr. Dan Blaylock	Date of Receipt MM / DD / YYYY 11 / 11 / 2008
	Mailing Address 1901 Stanford Ct	Transaction ID: SA11AI.5320
	City State Zip Code Landover MD 20785-3219	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	Political contribution
	Name of Employer Occupation Adams Burch Inc President	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	2775.00
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 7 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WHOLEALER-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A.	Full Name (Last, First, Middle Initial) Mr. Donald W. Carlson	Date of Receipt MM / DD / YYYY 11 / 11 / 2008
	Mailing Address 432 N 44th St #250	Transaction ID: SA11AI.5322
	City State Zip Code Phoenix AZ 85088	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Political contribution
Name of Employer Carlson Systems	Occupation Chief Executive Officer/Chairman	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Timothy Clarke	Date of Receipt MM / DD / YYYY 11 / 11 / 2008
	Mailing Address 2931 Exon Ave	Transaction ID: SA11AI.5317
	City State Zip Code Cincinnati OH 45241-2520	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	Political contribution
Name of Employer Netherland Rubber Co	Occupation Chief Executive Officer	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.	Full Name (Last, First, Middle Initial) Ms. Deborah Cooper	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 1200 Centre Park Blvd	Transaction ID: SA11AI.5324
	City State Zip Code DeSoto TX 75123-1660	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Political contribution
Name of Employer D W Distribution	Occupation HR Director	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	2525.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 17
(check only one)

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

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NAME OF COMMITTEE (In Full)
WHOLESALER-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A.

Full Name (Last, First, Middle Initial) Mr. C. Hornsby		Date of Receipt MM / DD / YYYY 11 / 11 / 2008
Mailing Address 12500 Jefferson Ave		Transaction ID: SA11AI.5319
City Newport News	State VA	Zip Code 23602-4314
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00
Name of Employer Wolseley PLC	Occupation Group Chief Executive	Political contribution
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

B.

Full Name (Last, First, Middle Initial) Mr. Randle Lindberg		Date of Receipt MM / DD / YYYY 11 / 11 / 2008
Mailing Address 1101 Sunset Blvd		Transaction ID: SA11AI.5318
City Rocklin	State CA	Zip Code 95765
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer United Natural Foods Inc	Occupation President Western Region	Political contribution
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

C.

Full Name (Last, First, Middle Initial) Mr. Michael Littlejohn		Date of Receipt MM / DD / YYYY 10 / 23 / 2008
Mailing Address 1200 Centre Park Blvd		Transaction ID: SA11AI.5327
City DeSoto	State TX	Zip Code 75123-1660
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer D W Distribution	Occupation Account Manager	Political contribution
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	2525.00
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 9 / 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A.	Full Name (Last, First, Middle Initial) Mr. Michael Littlejohn	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 1200 Centre Park Blvd	Transaction ID: SA11AI.5326
	City State Zip Code DeSoto TX 75123-1660	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Political contribution
Name of Employer D W Distribution	Occupation Account Manager	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.	Full Name (Last, First, Middle Initial) Mr. Michael Medart	Date of Receipt MM / DD / YYYY 11 / 19 / 2008
	Mailing Address 124 Manufacturers Dr	Transaction ID: SA11AI.5316
	City State Zip Code St Louis MO 63010-4727	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Political contribution
Name of Employer Medart Marine	Occupation President and CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Michael Miller	Date of Receipt MM / DD / YYYY 11 / 04 / 2008
	Mailing Address 1200 Centre Park Blvd	Transaction ID: SA11AI.5328
	City State Zip Code DeSoto TX 75123-1660	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Political contribution
Name of Employer D W Distribution	Occupation Account Manager	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A.	Full Name (Last, First, Middle Initial) Mr. Gerald Morrow		Date of Receipt
	Mailing Address 1200 Centre Park Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	DeSoto	TX	75123-1660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5329
Name of Employer D W Distribution		Occupation Account Manager	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	Political contribution

B.	Full Name (Last, First, Middle Initial) Mr. Bryan Oliphint		Date of Receipt
	Mailing Address 1200 Centre Park Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	DeSoto	TX	75123-1660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5296
Name of Employer D W Distribution		Occupation Account Manager	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 275.00	Political contribution

C.	Full Name (Last, First, Middle Initial) Mr. Nathan Potter		Date of Receipt
	Mailing Address 1200 Centre Park Blvd		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	DeSoto	TX	75123-1660
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5297
Name of Employer D W Distribution		Occupation Executive VP-Sales/Sourcing/Marketing	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 350.00	Political contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
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 11 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A.	Full Name (Last, First, Middle Initial) Mr. Nathan Potter		Date of Receipt	
	Mailing Address 1200 Centre Park Blvd		M M / D D / Y Y Y Y Y 11 / 04 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.5298
	DeSoto	TX	75123-1660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer D W Distribution		Occupation Executive VP-Sales/Sourcing/Marketing		Political contribution
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

B.	Full Name (Last, First, Middle Initial) Mr. Robert A. Reynolds, Jr.		Date of Receipt	
	Mailing Address 34 N Meramec Ave		M M / D D / Y Y Y Y Y 11 / 07 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.5311
	St Louis	MO	63105-1231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		500.00	
Name of Employer Graybar Electric Co Inc		Occupation Chairman/President/CEO		Political contribution
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00		

C.	Full Name (Last, First, Middle Initial) Mr. Calvin C. Rhodes		Date of Receipt	
	Mailing Address PO Box 43884		M M / D D / Y Y Y Y Y 11 / 11 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.5310
	Atlanta	GA	30336-0884	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		250.00	
Name of Employer Fulton Paper Company		Occupation Executive Vice President		Political contribution
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	800.00
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 12 / 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A.	Full Name (Last, First, Middle Initial) Mr. W. Grady Rosier		Date of Receipt MM / DD / YYYY 11 / 11 / 2008		
	Mailing Address 4747 McLane Pkwy		Transaction ID: SA11AI.5315		
	City Temple	State TX	Zip Code 76504-6115	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C		Political contribution		
	Name of Employer McLane Co Inc	Occupation President and CEO	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B.	Full Name (Last, First, Middle Initial) Mr. Dale Scott		Date of Receipt MM / DD / YYYY 11 / 04 / 2008		
	Mailing Address 1200 Centre Park Blvd		Transaction ID: SA11AI.5300		
	City DeSoto	State TX	Zip Code 75123-1660	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Political contribution		
	Name of Employer D W Distribution	Occupation Account Manager	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C.	Full Name (Last, First, Middle Initial) Mr. Walter Stricklin		Date of Receipt MM / DD / YYYY 11 / 04 / 2008		
	Mailing Address 1200 Centre Park Blvd		Transaction ID: SA11AI.5301		
	City DeSoto	State TX	Zip Code 75123-1660	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C		Political contribution		
	Name of Employer D W Distribution	Occupation Account Manager	Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	5050.00
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 / 17
(check only one)

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

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NAME OF COMMITTEE (In Full)
WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A.

Full Name (Last, First, Middle Initial)
Ms. Jackie Tollett

Mailing Address PO Box 8218

City Greenville State TX Zip Code 75402

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

Name of Employer D W Distribution Occupation Branch Manager

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 04 / 2008

Transaction ID: SA11AI.5302

Amount of Each Receipt this Period 25.00

Political contribution

B.

Full Name (Last, First, Middle Initial)
Mr. Patrick Tracy

Mailing Address 1 Dot Way-PO Box 192

City Mount Sterling State IL Zip Code 62353-0912

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

Name of Employer Dot Foods Inc Occupation Chairman

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2008

Transaction ID: SA11AI.5305

Amount of Each Receipt this Period 1000.00

Political contribution

C.

Full Name (Last, First, Middle Initial)
Mr. Douglas York

Mailing Address 3441 E Harbour Dr

City Phoenix State AZ Zip Code 85034-7229

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

Name of Employer Ewing Irrigation Products Occupation President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 11 / 2008

Transaction ID: SA11AI.5308

Amount of Each Receipt this Period 1000.00

Political contribution

SUBTOTAL of Receipts This Page (optional) ► 2025.00

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 / 17	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A.	Full Name (Last, First, Middle Initial) Ms. Sue York		Date of Receipt																					
	Mailing Address 3441 E Harbour Dr		<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>1</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	2		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		1	2		2	0	0	8														
	City State Zip Code Phoenix AZ 85034-7229		Transaction ID: SA11AI.5307																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00																					
Name of Employer Occupation Ewing Irrigation Products Chairman		Political contribution																						
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00																						

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	21350.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A. Full Name (Last, First, Middle Initial)
BOB SCHAFFER FOR US SENATE

Mailing Address PO BOX 102135

City DENVER State CO Zip Code 80250

Purpose of Disbursement
Contrib in-kind, srvds to cand campaign

Candidate Name
ROBERT W SCHAFFER

Office Sought: House
 Senate
 President

State: CO District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5333

Date of Disbursement

11 / 03 / 2008

Amount of Each Disbursement this Period

50.00

B. Full Name (Last, First, Middle Initial)
CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement
2008 General Run-Off Election

Candidate Name
C SAXBY CHAMBLISS

Office Sought: House
 Senate
 President

State: GA District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Runoff

Transaction ID: SB23.5336

Date of Disbursement

11 / 10 / 2008

Amount of Each Disbursement this Period

4800.00

C. Full Name (Last, First, Middle Initial)
CHAMBLISS VICTORY COMMITTEE

Mailing Address PO BOX 75103

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement
2008 General Run-Off Election

Candidate Name
C SAXBY CHAMBLISS

Office Sought: House
 Senate
 President

State: GA District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Runoff

Transaction ID: SB23.5351

Date of Disbursement

11 / 20 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

9850.00

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 16 / 17

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

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NAME OF COMMITTEE (In Full)

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A. Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08 <hr/> Mailing Address 680 TRANSFER ROAD SUITE A <hr/> City ST PAUL State MN Zip Code 55114 <hr/> Purpose of Disbursement Contrib in-kind, srvc to cand campaign <hr/> Candidate Name NORM COLEMAN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type	Transaction ID: SB23.5330 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period 50.00
	B. Full Name (Last, First, Middle Initial) FLEMING FOR CONGRESS <hr/> Mailing Address P.O. Box 1236 BOX 281 <hr/> City Minden State LA Zip Code 71058 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name JOHN CALVIN JR. FLEMING <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 04 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ <hr/> Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

1050.00

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

10900.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A. Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08 <hr/> Mailing Address 680 TRANSFER ROAD SUITE A <hr/> City ST PAUL State MN Zip Code 55114 <hr/> Purpose of Disbursement Coleman for Senate Recount Fund <hr/> Candidate Name NORM COLEMAN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: SB29.5355 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 8
	Amount of Each Disbursement this Period 4800.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
B. Full Name (Last, First, Middle Initial) COLEMAN MINNESOTA RECOUNT COMMITTEE <hr/> Mailing Address PO BOX 14483 <hr/> City ST PAUL State MN Zip Code 55114 <hr/> Purpose of Disbursement 2008 Recount <hr/> Candidate Name NORM COLEMAN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: SB29.5348 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
C. Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS <hr/> Mailing Address 81 S FIFTH STREET <hr/> City COLUMBUS State OH Zip Code 43215 <hr/> Purpose of Disbursement 2008 Recount <hr/> Candidate Name STEVE STIVERS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	Transaction ID: SB29.5345 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount

SUBTOTAL of Disbursements This Page (optional) ▶

10800.00

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

10800.00