

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
WHOLESALE-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** 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:
 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 _____ 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 04 01 2010 through 06 30 2010

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 07 09 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

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

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		13307.08
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	44282.08									
(c) Total Receipts (from Line 19)	13700.00	57200.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57982.08	70507.08								
7. Total Disbursements (from Line 31)	32975.00	45500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25007.08	25007.08								
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

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

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)	8500.00	51750.00
(ii) Unitemized	200.00	450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8700.00	52200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13700.00	57200.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	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))	13700.00	57200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13700.00	57200.00

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.....	32975.00	45500.00
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	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.....	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))..	32975.00	45500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32975.00	45500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 18

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)	13700.00	57200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13700.00	57200.00
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: PAGE 6 / 18
(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)
WHOLESALE-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A.

Full Name (Last, First, Middle Initial)
Mr. Timothy D. Clarke

Mailing Address 2931 Exon Ave

City State Zip Code
Cincinnati OH 45241-2520

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

Name of Employer Occupation
Netherland Rubber Co Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2010

Transaction ID: SA11AI.5837

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Mr. Charles Merinoff

Mailing Address 60 E 42nd St #1915

City State Zip Code
New York NY 10165

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

Name of Employer Occupation
Charmer Sunbelt Group (The) CEO & Vice Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
04 / 26 / 2010

Transaction ID: SA11AI.5836

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Mr. Daniel E. Proctor

Mailing Address 12005 E Pike St

City State Zip Code
Santa Fe Spgs CA 90623

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

Name of Employer Occupation
Tri West Ltd CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 14 / 2010

Transaction ID: SA11AI.5831

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ▶ **6500.00**

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 / 18	
	(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) Robert Taylor		Date of Receipt																					
	Mailing Address P.O. Box 868		<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>0</td><td>4</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	4		2	0	1	0														
	City	State	Zip Code		Transaction ID: SA11AI.5833																			
	Fort Wayne	IN	46814																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Do It Best Corp		Occupation President & CEO		<input type="text" value="2000.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="2750.00"/>																						

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="8500.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 18	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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) ALEX LEE INC PAC		Date of Receipt
Mailing Address 120 4th Street SW		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
City	State	Zip Code
Hickory	NC	28602
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.5840
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="5000.00"/>
Occupation		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

**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)
CARLY FOR CALIFORNIA INC

Mailing Address 455 CAPITOL MALL SUITE 801

City State Zip Code
SACRAMENTO CA 95814

Purpose of Disbursement
Political Contribution

Candidate Name
CARLY FIORINA

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 00

Transaction ID: SB23.5800

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address Box 137

City State Zip Code
Spokane WA 99210

Purpose of Disbursement
Political Contribution

Candidate Name
CATHY MCMORRIS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WA District: 05

Transaction ID: SB23.5770

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City State Zip Code
Allentown PA 18105

Purpose of Disbursement
Political Contribution

Candidate Name
CHARLES W REP DENT

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 15

Transaction ID: SB23.5809

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) DAN COATS FOR INDIANA Mailing Address PO BOX 301141 City INDIANAPOLIS State IN Zip Code 46230 Purpose of Disbursement Political Contribution Candidate Name DANIEL R COATS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5773 Date of Disbursement 05 / 21 / 2010
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) DAN COATS FOR INDIANA Mailing Address PO BOX 301141 City INDIANAPOLIS State IN Zip Code 46230 Purpose of Disbursement Political Contribution Candidate Name DANIEL R COATS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5797 Date of Disbursement 06 / 21 / 2010
	Amount of Each Disbursement this Period 2500.00
C. Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE Mailing Address 200 NORTH PHILLIPS AVENUE STE L101 City SIOUX FALLS State SD Zip Code 57104 Purpose of Disbursement Contrib in-kind, srvcs to cand campaign Candidate Name JOHN THUNE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5738 Date of Disbursement 04 / 06 / 2010
	Amount of Each Disbursement this Period 50.00

SUBTOTAL of Disbursements This Page (optional) ▶

5050.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN THUNE

Transaction ID: SB23.5758
Date of Disbursement

Mailing Address 200 NORTH PHILLIPS AVENUE STE L101

05 / 03 / 2010

City State Zip Code
SIOUX FALLS SD 57104

Amount of Each Disbursement this Period

50.00

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

Category/
Type

Candidate Name
JOHN THUNE

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: SD District: 00

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN THUNE

Transaction ID: SB23.5785
Date of Disbursement

Mailing Address 200 NORTH PHILLIPS AVENUE STE L101

06 / 01 / 2010

City State Zip Code
SIOUX FALLS SD 57104

Amount of Each Disbursement this Period

25.00

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

Category/
Type

Candidate Name
JOHN THUNE

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: SD District: 00

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF ROY BLUNT

Transaction ID: SB23.5764
Date of Disbursement

Mailing Address PO Box 50100
PO Box 50100

05 / 12 / 2010

City State Zip Code
Springfield MO 65805

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
ROY BLUNT

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: MO District: 00

SUBTOTAL of Disbursements This Page (optional)

2575.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

<p>A. Full Name (Last, First, Middle Initial) GARDNER FOR CONGRESS</p> <p>Mailing Address PO BOX 2408</p> <p>City LOVELAND State CO Zip Code 80539</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name CORY GARDNER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 04</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5812</p> <p>Date of Disbursement 06 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) JANE NORTON FOR COLORADO INC</p> <p>Mailing Address 8006 EAST ARAPAHOE ROAD SUITE 150 ROOM 925</p> <p>City CENTENNIAL State CO Zip Code 80112</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name JANE BERGMAN NORTON</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5791</p> <p>Date of Disbursement 06 / 08 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) KIRK FOR SENATE</p> <p>Mailing Address P.O. Box 8</p> <p>City Winnetka State IL Zip Code 60093</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name MARK STEVEN KIRK</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.5767</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE <hr/> Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105 <hr/> City CORAL GABLES State FL Zip Code 33134 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name MARCO RUBIO <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5761 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 2000.00
	Category/ Type
B. Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE <hr/> Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105 <hr/> City CORAL GABLES State FL Zip Code 33134 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name MARCO RUBIO <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5794 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1200.00
	Category/ Type
C. Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE <hr/> Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105 <hr/> City CORAL GABLES State FL Zip Code 33134 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name MARCO RUBIO <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5806 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 1800.00
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) PAT MEEHAN FOR CONGRESS	Transaction ID: SB23.5818 Date of Disbursement 06 / 22 / 2010	
	Mailing Address 5035 TOWNSHIP LINE ROAD PO BOX 308		
	City DREXEL HILL State PA Zip Code 19026	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Political Contribution		
	Candidate Name PATRICK L MEEHAN	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) PEOPLE FOR PEARCE	Transaction ID: SB23.5821 Date of Disbursement 06 / 22 / 2010	
	Mailing Address PO Box 2696		
	City Hobbs State NM Zip Code 88241	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement Political Contribution		
	Candidate Name STEVAN E. PEARCE	Category/ Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE	Transaction ID: SB23.5735 Date of Disbursement 04 / 06 / 2010	
	Mailing Address 8331 LITTLE HARBOR DRIVE		
	City CINCINNATI State OH Zip Code 45244	Amount of Each Disbursement this Period 50.00	
	Purpose of Disbursement Contrib in-kind, srvcs to cand campaign		
	Candidate Name ROB PORTMAN	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

2050.00

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)

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<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. PORTMAN FOR SENATE COMMITTEE

Full Name (Last, First, Middle Initial)

PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

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

Candidate Name
ROB PORTMAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.5755

Date of Disbursement

05 / 03 / 2010

Amount of Each Disbursement this Period

50.00

B. PORTMAN FOR SENATE COMMITTEE

Full Name (Last, First, Middle Initial)

PORTMAN FOR SENATE COMMITTEE

Mailing Address 8331 LITTLE HARBOR DRIVE

City CINCINNATI State OH Zip Code 45244

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

Candidate Name
ROB PORTMAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 00

Transaction ID: SB23.5782

Date of Disbursement

06 / 01 / 2010

Amount of Each Disbursement this Period

100.00

C. RANDY HULTGREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

RANDY HULTGREN FOR CONGRESS

Mailing Address PO Box 39

City Batavia State IL Zip Code 60510

Purpose of Disbursement
Political Contribution

Candidate Name
RANDY HULTGREN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 14

Transaction ID: SB23.5788

Date of Disbursement

06 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

1150.00

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)

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<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)

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

A.	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE	Transaction ID: SB23.5732 Date of Disbursement
	Mailing Address POST OFFICE BOX 5928	<input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2010"/>
	City WINSTON-SALEM State NC Zip Code 27113	Amount of Each Disbursement this Period
	Purpose of Disbursement Contrib in-kind, srvcs to cand campaign	<input type="text" value="50.00"/>
	Candidate Name RICHARD BURR	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE	Transaction ID: SB23.5752 Date of Disbursement
	Mailing Address POST OFFICE BOX 5928	<input type="text" value="05"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City WINSTON-SALEM State NC Zip Code 27113	Amount of Each Disbursement this Period
	Purpose of Disbursement Contrib in-kind, srvcs to cand campaign	<input type="text" value="50.00"/>
	Candidate Name RICHARD BURR	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE	Transaction ID: SB23.5779 Date of Disbursement
	Mailing Address POST OFFICE BOX 5928	<input type="text" value="06"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City WINSTON-SALEM State NC Zip Code 27113	Amount of Each Disbursement this Period
	Purpose of Disbursement Contrib in-kind, srvcs to cand campaign	<input type="text" value="50.00"/>
	Candidate Name RICHARD BURR	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

Use separate schedule(s)
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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)
SENATE MAJORITY FUND

Mailing Address P.O. Box 32025

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.5744
Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)
STIVERS FOR CONGRESS

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Political Contribution

Candidate Name
STEVE STIVERS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 15

Transaction ID: SB23.5746
Date of Disbursement

04 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
TIM GRIFFIN FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address P.O. Box 7526

City Little Rock State AR Zip Code 72217

Purpose of Disbursement
Political Contribution

Candidate Name
JOHN TIMOTHY GRIFFIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AR District: 02

Transaction ID: SB23.5803
Date of Disbursement

06 / 21 / 2010

Amount of Each Disbursement this Period

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)

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<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) TOOMEY FOR SENATE COMMITTEE <hr/> Mailing Address 2720 JORDAN ROAD <hr/> City OREFIELD State PA Zip Code 18069 <hr/> Purpose of Disbursement Political Contribution Candidate Name PATRICK JOSEPH TOOMEY <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5741 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
B. Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE <hr/> Mailing Address 2720 JORDAN ROAD <hr/> City OREFIELD State PA Zip Code 18069 <hr/> Purpose of Disbursement Political Contribution Candidate Name PATRICK JOSEPH TOOMEY <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5776 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ►

4500.00

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

32975.00