



**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="39193.87"/>	<input type="text" value="39193.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39193.87"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="55550.00"/>	<input type="text" value="55550.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="94743.87"/>	<input type="text" value="94743.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="19282.20"/>	<input type="text" value="19282.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="75461.67"/>	<input type="text" value="75461.67"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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:  /  /  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).....	50400.00	50400.00
(ii) Unitemized .....	150.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50550.00	50550.00
(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) .....	55550.00	55550.00
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 Transfers (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))..... ▶	55550.00	55550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	55550.00	55550.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	19282.20	19282.20
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	19282.20	19282.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19282.20	19282.20

**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) .....	55550.00	55550.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	55550.00	55550.00
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 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Kenneth R. Couch R.Ph.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 1779  
 City Spartanburg State SC Zip Code 29304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Smith Drug Company Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2012  
**Transaction ID : SA11AI.6321**  
 Amount of Each Receipt this Period  
 500.00

**B. John D. Fonda**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Box 3541  
 City Omaha State NE Zip Code 68103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer John Day Company Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : SA11AI.6327**  
 Amount of Each Receipt this Period  
 500.00

**C. Mr. Matthew W. Geekie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 N Meramec Ave  
 City St Louis State MO Zip Code 63105-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Graybar Electric Co Inc Occupation Sr VP/Sctry/Gen Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 20 / 2012  
**Transaction ID : SA11AI.6326**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Edward N. Gholson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8025 Clayton Lane Ct.  
 City Clayton State MO Zip Code 63105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Deloitte Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2012  
**Transaction ID : SA11AI.6371**  
 Amount of Each Receipt this Period  
 2000.00

**B. Thomas S. Gurganous**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1510 Tomlynn St.  
 City Richmond State VA Zip Code 23230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Graybar Electric Co., Inc. Occupation Dist. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2012  
**Transaction ID : SA11AI.6325**  
 Amount of Each Receipt this Period  
 500.00

**C. Randy Harwood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4601 Cambridge Road  
 City Fort Worth State TX Zip Code 76155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Graybar Occupation DVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : SA11AI.6329**  
 Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00  
**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 8 OF 20
<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**

Full Name (Last, First, Middle Initial) <b>A. Claude S. Hornsby</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2012 <b>Transaction ID : SA11AI.6368</b>
Mailing Address P.O. Box 70		Amount of Each Receipt this Period 1000.00
City Fort Worth	State TX	Zip Code 76101
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Morrison Supply Company	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mr. Mark Kramer</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2012 <b>Transaction ID : SA11AI.6352</b>
Mailing Address 6800 Broken Sound Pkwy #150		Amount of Each Receipt this Period 3000.00
City Boca Raton	State FL	Zip Code 33487
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3000.00
Name of Employer Laird Plastics	Occupation President/CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Andre Lacy</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2012 <b>Transaction ID : SA11AI.6342</b>
Mailing Address 54 Monument Cir 6th Fl Suite 800		Amount of Each Receipt this Period 5000.00
City Indianapolis	State IN	Zip Code 46204-2942
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer L D I Ltd	Occupation Chairman of the Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9000.00
<b>TOTAL</b> 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 OF 20
	<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. Robert Lyons**  
Full Name (Last, First, Middle Initial)

Mailing Address 34 North Meramec Avenue

City Clayton State MO Zip Code 63105

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

Name of Employer Graybar Occupation District VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2012  
**Transaction ID : SA11AI.6324**

Amount of Each Receipt this Period  
500.00

**B. Mr. Rick McLaughlin**  
Full Name (Last, First, Middle Initial)

Mailing Address 104 E Trinity Blvd

City Grand Prairie State TX Zip Code 75050-8030

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

Name of Employer Wholesale Roofing Supply Inc Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2012  
**Transaction ID : SA11AI.6350**

Amount of Each Receipt this Period  
1000.00

**C. Jayne Millard**  
Full Name (Last, First, Middle Initial)

Mailing Address 1900 Lower Rd.

City Linden State NJ Zip Code 07036

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

Name of Employer Turtle & Hughes, Inc. Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2012  
**Transaction ID : SA11AI.6330**

Amount of Each Receipt this Period  
750.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Edward Orlet**

Mailing Address 1181 Corporate Lake Drive

City State Zip Code  
St. Louis MO 63017

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

Name of Employer Occupation  
NAED Sr. Dir of Development & Govt Affairs

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 07 / 2012  
**Transaction ID : SA11AI.6333**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Mr. George Pattee**

Mailing Address 1563 Hubbard Avenue

City State Zip Code  
Batavia IL 60510

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

Name of Employer Occupation  
Parksite Group (The) Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
01 / 06 / 2012  
**Transaction ID : SA11AI.6318**

Amount of Each Receipt this Period  
750.00

Full Name (Last, First, Middle Initial)  
**C. Roger L. Plizga**

Mailing Address 4700 Hudson Dr.

City State Zip Code  
Stow OH 44224

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

Name of Employer Occupation  
Laird Plastics Regional Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 07 / 2012  
**Transaction ID : SA11AI.6332**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<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. Mr. Byron Potter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 Centre Park Blvd  
 City DeSoto State TX Zip Code 75123-1660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dallas Wholesale Builders Supply Inc Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 06 / 2012  
**Transaction ID : SA11AI.6362**  
 Amount of Each Receipt this Period  
 500.00

**B. Mr. Robert A. Reynolds Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 34 N Meramec Ave  
 City St Louis State MO Zip Code 63105-1231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Graybar Electric Co Inc Occupation Chairman/President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012  
**Transaction ID : SA11AI.6355**  
 Amount of Each Receipt this Period  
 2500.00

**C. James K. Risk III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 5089  
 City Lafayette State IN Zip Code 47903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kirby Risk Corporation Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 23 / 2012  
**Transaction ID : SA11AI.6343**  
 Amount of Each Receipt this Period  
 2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> 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 OF 20
	<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**

Full Name (Last, First, Middle Initial) <b>A. Eveline Roberts</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2012 <b>Transaction ID : SA11AI.6353</b>
Mailing Address 7564 Standish Pl # 100		Amount of Each Receipt this Period 5000.00
City Rockville	State MD	Zip Code 20855
FEC ID number of contributing federal political committee. C	Name of Employer Roberts Oxygen Co Inc	Occupation Homemaker
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. William P. Roberts III</b>		Date of Receipt MM / DD / YYYY 03 / 21 / 2012 <b>Transaction ID : SA11AI.6354</b>
Mailing Address P.O. Box 5507		Amount of Each Receipt this Period 5000.00
City Rockville	State MD	Zip Code 20855
FEC ID number of contributing federal political committee. C	Name of Employer Roberets Oxygen Company, Inc.	Occupation President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Mr. Tom Robertshaw</b>		Date of Receipt MM / DD / YYYY 02 / 07 / 2012 <b>Transaction ID : SA11AI.6338</b>
Mailing Address 1605 Alton Rd		Amount of Each Receipt this Period 500.00
City Birmingham	State AL	Zip Code 35210-1477
FEC ID number of contributing federal political committee. C	Name of Employer Motion Industries Inc	Occupation Vice President, Group Business Develop
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10500.00
<b>TOTAL</b> 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 OF 20  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mr. Mark Sattler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 104 E Trinity Blvd  
 City State Zip Code  
 Grand Prairie TX 75050-8030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wholesale Roofing Supply Inc VP/Chief Financial Officer  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2012  
**Transaction ID : SA11AI.6351**  
 Amount of Each Receipt this Period  
 1000.00

**B. Mr. Dale Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 Centre Park Blvd  
 City State Zip Code  
 DeSoto TX 75123-1660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 D W Distribution Account Manager  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2012  
**Transaction ID : SA11AI.6346**  
 Amount of Each Receipt this Period  
 400.00

**C. Kevin Short**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5616 Remington Park Dr.  
 City State Zip Code  
 Flower Mound TX 75028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Laird Plastics Regional Exec  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2012  
**Transaction ID : SA11AI.6334**  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1650.00  
**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 14 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Bob Taylor</b>			Date of Receipt MM / DD / YYYY 02 / 07 / 2012
Mailing Address P.O. Box 868			<b>Transaction ID : SA11AI.6335</b>
City Fort Wayne	State IN	Zip Code 46801	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 5000.00	
Name of Employer Do It Best Corp	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Mr. John Tracy</b>			Date of Receipt MM / DD / YYYY 01 / 09 / 2012
Mailing Address 17050 Baxter Road #250			<b>Transaction ID : SA11AI.6320</b>
City Chesterfield	State MO	Zip Code 63005	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00	
Name of Employer Dot Foods Inc	Occupation President & CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Roy Vallee</b>			Date of Receipt MM / DD / YYYY 02 / 07 / 2012
Mailing Address 2211 S. 47th Street			<b>Transaction ID : SA11AI.6336</b>
City Phoenix	State AZ	Zip Code 85034	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 5000.00	
Name of Employer Avnet Inc	Occupation Chairman and CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 20  
(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)  
**Mr. Raymon A. 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 Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 07 / 2012

**Transaction ID : SA11AI.6339**

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50400.00

# 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 16 OF 20
<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. MAC-PAC-USA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4747 McLane Parkway  
City Temple State TX Zip Code 76504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 06 / 2012  
**Transaction ID : SA11C.6345**  
Amount of Each Receipt this Period  
5000.00

**B.**  
Full Name (Last, First, Middle Initial)  
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  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
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  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	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**

Full Name (Last, First, Middle Initial) <b>A. BERG FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2012
Mailing Address PO BOX 9394		<b>Transaction ID : SB23.6314</b>
City FARGO	State ND	
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>RICHARD A BERG</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District: 00	

Full Name (Last, First, Middle Initial) <b>B. BOB CORKER FOR SENATE 2012</b>		Date of Disbursement MM / DD / YYYY 03 / 15 / 2012
Mailing Address 1910 21ST AVENUE SOUTH		<b>Transaction ID : SB23.6302</b>
City NASHVILLE	State TN	
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name <b>ROBERT P JR CORKER</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 00	

Full Name (Last, First, Middle Initial) <b>C. CITIZENS FOR JOSH MANDEL INC</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2012
Mailing Address 50 WEST BROAD STREET SUITE 1900		<b>Transaction ID : SB23.6298</b>
City COLUMBUS	State OH	
Purpose of Disbursement Political Contribution		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>JOSH MANDEL</b>		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7000.00
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial)

**A. FREEDOM PROJECT; THE**

Mailing Address 320 1ST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution-In-Kind, srvcs to cand campaign

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
02 / 09 / 2012

**Transaction ID : SB23.6284**

Amount of Each Disbursement this Period

282.20

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOHN BARRASSO**

Mailing Address PO BOX 52008

City CASPER State WY Zip Code 82605

Purpose of Disbursement  
Political Contributions

Candidate Name

**JOHN BARRASSO**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 23 / 2012

**Transaction ID : SB23.6311**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. GARDNER FOR CONGRESS 2012**

Mailing Address PO BOX 2408

City LOVELAND State CO Zip Code 80539

Purpose of Disbursement  
Political Contribution

Candidate Name

**CORY GARDNER**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  Other (specify) ▼

State: CO District: 04

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
03 / 06 / 2012

**Transaction ID : SB23.6286**

Amount of Each Disbursement this Period

1000.00

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

3782.20

**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**

Full Name (Last, First, Middle Initial)

**A. JIM GERLACH FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 87

City UWCHLAND State PA Zip Code 19480

Purpose of Disbursement  
Political Contribution

Candidate Name

**JIM GERLACH**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 06 / 2012

**Transaction ID : SB23.6289**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JIM RENACCI FOR CONGRESS**

Mailing Address 150 SMOKERISE DRIVE

City WADSWORTH State OH Zip Code 44281

Purpose of Disbursement  
Political Contributions

Candidate Name

**JAMES B RENACCI**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 15 / 2012

**Transaction ID : SB23.6305**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. LINDA LINGLE SENATE COMMITTEE**

Mailing Address 46-001 KAMEHAMEHA HWY SUITE 301

City KANEOHE State HI Zip Code 96744

Purpose of Disbursement  
Political Contribution

Candidate Name

**LINDA LINGLE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: HI District: 00

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 06 / 2012

**Transaction ID : SB23.6292**

Amount of Each Disbursement this Period

3000.00

**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**

Full Name (Last, First, Middle Initial) <b>A. MONTANANS FOR REHBERG</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2012
Mailing Address PO BOX 1597		<b>Transaction ID : SB23.6295</b>
City HELENA	State MT	
Purpose of Disbursement Political Contribution	<input type="checkbox"/>	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>DENNIS RAY REHBERG</b>	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT District: 00		

Full Name (Last, First, Middle Initial) <b>B. REPUBLICAN NATIONAL COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2012
Mailing Address 310 FIRST STREET SE		<b>Transaction ID : SB23.6308</b>
City WASHINGTON	State DC	
Purpose of Disbursement Political Contribution	<input type="checkbox"/>	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WILSON FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 02 / 06 / 2012
Mailing Address PO BOX 10248		<b>Transaction ID : SB23.6281</b>
City ALBUQUERQUE	State NM	
Purpose of Disbursement Political Contribution	<input type="checkbox"/>	Amount of Each Disbursement this Period 2000.00
Candidate Name <b>HEATHER A WILSON</b>	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NM District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	19282.20