

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 type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 04 01 2008 through 06 30 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 09 23 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**

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	0	8

 To:

M	M
0	6

D	D
3	0

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; border-collapse: collapse;"><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	86164.31									
(c) Total Receipts (from Line 19)	27050.00	77550.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	113214.31	125264.31								
7. Total Disbursements (from Line 31)	41231.25	53281.25								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	71983.06	71983.06								
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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	6

D	D
3	0

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	21000.00	53850.00
(i) Itemized (use Schedule A)	1050.00	2700.00
(ii) Unitemized	22050.00	56550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	5000.00	11000.00
(c) Other Political Committees (such as PACs)	27050.00	67550.00
(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))	27050.00	77550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	27050.00	77550.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	41231.25	53281.25
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))..	41231.25	53281.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41231.25	53281.25

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)	27050.00	67550.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27050.00	67550.00
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 / 25
	<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	

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. Donald W. Carlson	Date of Receipt MM / DD / YYYY 06 / 10 / 2008
	Mailing Address 432 N 44th St #250	Transaction ID: SA11AI.4916
	City State Zip Code Phoenix AZ 85005	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	Political contribution
	Name of Employer Occupation Carlson Systems 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 ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) Mr. Steven Dehmlow	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 85 W Algonquin Road #600	Transaction ID: SA11AI.4918
	City State Zip Code Arlington Hts IL 60005-4421	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Political contribution
	Name of Employer Occupation Composites One LLC Chief Executive Officer	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Mr. John D. Fonda	Date of Receipt MM / DD / YYYY 06 / 30 / 2008
	Mailing Address 6263 Abbott Dr	Transaction ID: SA11AI.4969
	City State Zip Code Omaha NE 68110-2806	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Political contribution
	Name of Employer Occupation John Day Co President/CEO	
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)	3250.00
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 / 25
(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

<p>A. Full Name (Last, First, Middle Initial) Mr. Sydney Jones, III</p> <p>Mailing Address 981 Broadway</p> <p>City Albany State NY Zip Code 12207-1315</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Hudson Valley Paper Co Occupation President</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt 04 / 09 / 2008</p> <p>Transaction ID: SA11AI.4966</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>Political contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Mr. Richard Lofgren</p> <p>Mailing Address 600 S Santa Fe Dr</p> <p>City Denver State CO Zip Code 80223-2403</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer United States Welding Inc Occupation President</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 06 / 30 / 2008</p> <p>Transaction ID: SA11AI.4974</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Political contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Robert G. McEniry</p> <p>Mailing Address 1385 Corporate Ave</p> <p>City Memphis State TN Zip Code 38132</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer nexAir Occupation Chairman and CEO</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 06 / 30 / 2008</p> <p>Transaction ID: SA11AI.4973</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Political contribution</p>
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SUBTOTAL of Receipts This Page (optional)	2750.00
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 / 25
	<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. Charles Merinoff	Date of Receipt MM / DD / YYYY 04 / 04 / 2008
	Mailing Address 60 E 42nd St #1915	Transaction ID: SA11AI.4917
	City State Zip Code New York NY 10165	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Political contribution
Name of Employer Charmer Sunbelt Group (The)	Occupation CEO & Vice Chairman	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Robert A. Reynolds, Jr.	Date of Receipt MM / DD / YYYY 06 / 10 / 2008
	Mailing Address 34 N Meramec Ave	Transaction ID: SA11AI.4965
	City State Zip Code St Louis MO 63105-1231	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	Political contribution
Name of Employer Graybar Electric Co Inc	Occupation Chairman/President/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. Ron Snow	Date of Receipt MM / DD / YYYY 04 / 18 / 2008
	Mailing Address 1370 Bayport Ave	Transaction ID: SA11AI.4967
	City State Zip Code San Carlos CA 94070-1263	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Political contribution
Name of Employer Independent Electric Supply Inc	Occupation Chairman and CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	7000.00
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 9 / 25
(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. Patrick Tracy		Date of Receipt MM / DD / YYYY 04 / 14 / 2008	
Mailing Address 1 Dot Way--PO Box 192		Transaction ID: SA11AI.4959	
City Mount Sterling	State IL	Zip Code 62353	Amount of Each Receipt this Period 1250.00
FEC ID number of contributing federal political committee. C		Political contribution	
Name of Employer Dot Foods Inc	Occupation Chairman	Aggregate Year-to-Date 1250.00	
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. Dirk VanDongen		Date of Receipt MM / DD / YYYY 04 / 03 / 2008	
Mailing Address 1325 G St NW #1000		Transaction ID: SA11AI.4979	
City Washington	State DC	Zip Code 20005-3134	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Political contribution	
Name of Employer N A W Headquarters	Occupation President	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) Mr. Dirk VanDongen		Date of Receipt MM / DD / YYYY 05 / 05 / 2008	
Mailing Address 1325 G St NW #1000		Transaction ID: SA11AI.4980	
City Washington	State DC	Zip Code 20005-3134	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Political contribution	
Name of Employer N A W Headquarters	Occupation President	Aggregate Year-to-Date 1250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	1750.00
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 10 / 25
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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. Dirk VanDongen		Date of Receipt MM / DD / YYYY 06 / 04 / 2008		
	Mailing Address 1325 G St NW #1000		Transaction ID: SA11AI.4981		
	City Washington	State DC	Zip Code 20005-3134	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Political contribution		
	Name of Employer N A W Headquarters	Occupation President	Aggregate Year-to-Date 1500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Mr. Douglas York		Date of Receipt MM / DD / YYYY 04 / 04 / 2008		
	Mailing Address 3441 E Harbour Dr		Transaction ID: SA11AI.4961		
	City Phoenix	State AZ	Zip Code 85034-7229	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Political contribution		
	Name of Employer Ewing Irrigation Products	Occupation President	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Mr. Raymon A. York		Date of Receipt MM / DD / YYYY 04 / 04 / 2008		
	Mailing Address 3441 E Harbour Dr		Transaction ID: SA11AI.4964		
	City Phoenix	State AZ	Zip Code 85034-7229	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C		Political contribution		
	Name of Employer Ewing Irrigation Products	Occupation Chief Executive Officer	Aggregate Year-to-Date 5000.00		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	5750.00
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 11 / 25	
	(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) Mr. Richard 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>0</td><td>4</td><td></td><td>0</td><td>4</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	0	4		0	4		2	0	0	8
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		0	4		2	0	0	8														
	City State Zip Code Phoenix AZ 85034-7229		Transaction ID: SA11AI.4963																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																					
Name of Employer Ewing Irrigation Products		Occupation Executive Vice President																						
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Political contribution Aggregate Year-to-Date ▼ 500.00																						

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	21000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 25
(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. Full Name (Last, First, Middle Initial)
MCLANE COMPANY INC. FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 4747 McLane Parkway

City State Zip Code
Temple TX 76503

FEC ID number of contributing federal political committee. **C** C00215558

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
0 5 / 3 0 / 2 0 0 8

Transaction ID: SA11C.4982

Amount of Each Receipt this Period
5000.00

Political Contribution

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL 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

A.

Full Name (Last, First, Middle Initial)

ANDAL, DEAN F

Mailing Address POST OFFICE BOX 1607

City STOCKTON State CA Zip Code 95201

Purpose of Disbursement
Political Contribution

Candidate Name
DEAN F ANDAL

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CA District: 11

Transaction ID: SB23.4878

Date of Disbursement

06 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

ANDY HARRIS FOR CONGRESS

Mailing Address PO BOX 1527

City ANNAPOLIS State MD Zip Code 21404

Purpose of Disbursement
Political Contribution

Candidate Name
ANDREW P HARRIS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: MD District: 01

Transaction ID: SB23.4794

Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

1000.00

C.

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, srvcs to cand campaign

Candidate Name
ROBERT W SCHAFFER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: CO District: 00

Transaction ID: SB23.4800

Date of Disbursement

04 / 01 / 2008

Amount of Each Disbursement this Period

37.50

SUBTOTAL of Disbursements This Page (optional)

2037.50

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)

WHOLEALER-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
Political Contribution

Candidate Name
ROBERT W SCHAFFER

Office Sought: House
 Senate
 President

State: CO District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4820

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

1500.00

B. 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, srvc 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: SB23.4872

Date of Disbursement

06 / 10 / 2008

Amount of Each Disbursement this Period

25.00

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

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Political Contribution

Candidate Name
ERIC CANTOR

Office Sought: House
 Senate
 President

State: VA District: 07

Disbursement For: 2008
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4852

Date of Disbursement

06 / 03 / 2008

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

2525.00

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) CHRIS HACKETT FOR CONGRESS <hr/> Mailing Address 23 Dallas Shopping Center <hr/> City Dallas State PA Zip Code 18612 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name CHRISTOPHER LAWRENCE HACKETT <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4863 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) CHRIS MYERS FOR CONGRESS <hr/> Mailing Address P O BOX 785 <hr/> City MT HOLLY State NJ Zip Code 08060 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name CHRIS MYERS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4881 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
C. 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, srvcs 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4797 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 62.50
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

2062.50

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

<p>A. Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08</p> <p>Mailing Address 680 TRANSFER ROAD SUITE A</p> <p>City ST PAUL State MN Zip Code 55114</p> <p>Purpose of Disbursement Contrib in-kind, srvc to cand campaign</p> <p>Candidate Name NORM COLEMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4833 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 56.25</p>
<p>B. Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08</p> <p>Mailing Address 680 TRANSFER ROAD SUITE A</p> <p>City ST PAUL State MN Zip Code 55114</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name NORM COLEMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4836 Date of Disbursement 05 / 14 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08</p> <p>Mailing Address 680 TRANSFER ROAD SUITE A</p> <p>City ST PAUL State MN Zip Code 55114</p> <p>Purpose of Disbursement Political Contribution</p> <p>Candidate Name NORM COLEMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4875 Date of Disbursement 06 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 50.00</p>

SUBTOTAL of Disbursements This Page (optional)	1106.25
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) COLLINS FOR SENATOR	Transaction ID: SB23.4843 Date of Disbursement
	Mailing Address PO BOX 1096	<input type="text" value="05"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City BANGOR State ME Zip Code 04402	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="2500.00"/>
	Candidate Name SUSAN M COLLINS	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT DAVID CAPPIELLO FOR CONGRESS	Transaction ID: SB23.4846 Date of Disbursement
	Mailing Address PO BOX 3198	<input type="text" value="05"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City DANBURY State CT Zip Code 06813	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name DAVID J CAPPIELLO	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) DARREN WHITE FOR CONGRESS	Transaction ID: SB23.4910 Date of Disbursement
	Mailing Address P.O. Box 16601	<input type="text" value="06"/> <input type="text" value="23"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Albuquerque State NM Zip Code 87191	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name DARREN P. WHITE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" 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)
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)
WHOLEALER-DISTRIBUTOR PAC OF THE NATIONAL ASSOCIATION OF WHOLESALE-DISTRIBUTORS

A.	Full Name (Last, First, Middle Initial) FIMIAN FOR CONGRESS	Transaction ID: SB23.4859 Date of Disbursement 06 / 03 / 2008
	Mailing Address PO Box 3131	Amount of Each Disbursement this Period 1000.00
	City Oakton State VA Zip Code 22124	
	Purpose of Disbursement Political Contribution	Category/Type
	Candidate Name KEITH S FIMIAN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH	Transaction ID: SB23.4892 Date of Disbursement 06 / 12 / 2008
	Mailing Address 228 S WASHINGTON STE 115	Amount of Each Disbursement this Period 1500.00
	City ALEXANDRIA State VA Zip Code 22314	
	Purpose of Disbursement Political Contribution	Category/Type
	Candidate Name GORDON HAROLD SMITH	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MIKE SODREL	Transaction ID: SB23.4818 Date of Disbursement 04 / 23 / 2008
	Mailing Address 702 North Shore Drive, Suite 500	Amount of Each Disbursement this Period 1000.00
	City Jeffersonville State IN Zip Code 47130	
	Purpose of Disbursement Political Contribution	Category/Type
	Candidate Name MICHAEL E. SODREL	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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)
GARD FOR CONGRESS

Mailing Address PO BOX 277

City GREEN BAY State WI Zip Code 54305

Purpose of Disbursement
Political Contribution

Candidate Name
JOHN G GARD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: WI District: 08

Transaction ID: SB23.4806

Date of Disbursement

04 / 10 / 2008

Amount of Each Disbursement this Period

1000.00

B.

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

Mailing Address P.O. Box 9460

City Warner Robins State GA Zip Code 31095

Purpose of Disbursement
Political Contribution

Candidate Name
RICHARD NEIL GODDARD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: GA District: 08

Transaction ID: SB23.4849

Date of Disbursement

05 / 28 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
JOHN MCCAIN 2008 INC.

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
Political Contribution

Candidate Name
JOHN S. MCCAIN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District: 00

Transaction ID: SB23.4823

Date of Disbursement

04 / 24 / 2008

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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) KELLER FOR CONGRESS <hr/> Mailing Address P.O. Box 1453 <hr/> City Orlando State FL Zip Code 32802 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name RICHARD A. KELLER <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4884 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS <hr/> Mailing Address PO BOX 5154 <hr/> City CLINTON State NJ Zip Code 08809 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name LEONARD LANCE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4889 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) MANION FOR CONGRESS <hr/> Mailing Address PO Box 28 <hr/> City Doylestown State PA Zip Code 18901 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name TOM MANION <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08 <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4869 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

A.	Full Name (Last, First, Middle Initial) MUSGRAVE FOR CONGRESS	Transaction ID: SB23.4827 Date of Disbursement 05 / 01 / 2008
	Mailing Address 257 Johnstown Center Drive #211	Amount of Each Disbursement this Period 1000.00
	City Johnstown State CO Zip Code 80534	
	Purpose of Disbursement Political Contribution	
	Candidate Name MARILYN MUSGRAVE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 04	

B.	Full Name (Last, First, Middle Initial) NORTHUP FOR CONGRESS	Transaction ID: SB23.4904 Date of Disbursement 06 / 23 / 2008
	Mailing Address PO Box 7313	Amount of Each Disbursement this Period 1000.00
	City Louisville State KY Zip Code 40257	
	Purpose of Disbursement Political Contribution	
	Candidate Name ANNE HON. NORTHUP	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: KY District: 03	

C.	Full Name (Last, First, Middle Initial) OLSON FOR CONGRESS COMMITTEE	Transaction ID: SB23.4830 Date of Disbursement 05 / 01 / 2008
	Mailing Address PO Box 16381	Amount of Each Disbursement this Period 1000.00
	City Sugar Land State TX Zip Code 77496	
	Purpose of Disbursement Political Contribution	
	Candidate Name PETER G OLSON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: TX District: 22	

SUBTOTAL of Disbursements This Page (optional)	3000.00
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) OLSON FOR CONGRESS COMMITTEE <hr/> Mailing Address PO Box 16381 <hr/> City Sugar Land State TX Zip Code 77496 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name PETER G OLSON <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 22 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4898 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH <hr/> Mailing Address PO BOX 1940 <hr/> City ERIE State PA Zip Code 16507 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name PHILIP S. ENGLISH <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4856 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PEOPLE FOR PEARCE <hr/> Mailing Address PO BOX 2696 <hr/> City HOBBS State NM Zip Code 88241 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name STEVE PEARCE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4913 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

<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) PEOPLE WITH HART INC	Transaction ID: SB23.4803 Date of Disbursement
	Mailing Address P.O. Box 435	<input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Wexford State PA Zip Code 15090	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name MELISSA A HART	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: PA District: 04	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PEOPLE WITH HART INC	Transaction ID: SB23.4901 Date of Disbursement
	Mailing Address P.O. Box 435	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Wexford State PA Zip Code 15090	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name MELISSA A HART	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: PA District: 04	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SCHMIDT FOR CONGRESS COMMITTEE	Transaction ID: SB23.4809 Date of Disbursement
	Mailing Address 771 Wards Corner Rd	<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2008"/>
	City Loveland State OH Zip Code 45140	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name JEANNETTE H SCHMIDT	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008
	State: OH District: 02	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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 24 / 25

<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) SCHOCK FOR CONGRESS	Transaction ID: SB23.4812
	Mailing Address PO Box 10555	Date of Disbursement 04 / 23 / 2008
	City Peoria State IL Zip Code 61612	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Political Contribution	Category/ Type
	Candidate Name AARON SCHOCK	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: IL District: 18	
B.	Full Name (Last, First, Middle Initial) SCHURING FOR CONGRESS COMMITTEE	Transaction ID: SB23.4815
	Mailing Address 400 MARKET AVE NORTH SUITE 400	Date of Disbursement 04 / 23 / 2008
	City CANTON State OH Zip Code 44702	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Political Contribution	Category/ Type
	Candidate Name KIRK SCHURING	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: OH District: 16	
C.	Full Name (Last, First, Middle Initial) TIM BEE FOR CONGRESS	Transaction ID: SB23.4866
	Mailing Address PO BOX 31985	Date of Disbursement 06 / 03 / 2008
	City TUCSON State AZ Zip Code 85751	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Political Contribution	Category/ Type
	Candidate Name TIMOTHY BEE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AZ District: 08	

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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) TINSLEY FOR CONGRESS Mailing Address P O BOX 708 City CAPITAN State NM Zip Code 88316 Purpose of Disbursement Political Contribution Candidate Name EDWARD R. III TINSLEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4907 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) TOM ROONEY FOR CONGRESS Mailing Address 2336 S. East Ocean Blvd. #313 City Stuart State FL Zip Code 34996 Purpose of Disbursement Political Contribution Candidate Name TOM ROONEY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4840 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) WALBERG FOR CONGRESS Mailing Address 6769 Teachout Rd. City Tipton State MI Zip Code 49287 Purpose of Disbursement Political Contribution Candidate Name TIMOTHY L. WALBERG Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4895 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

41231.25