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WDPAC
WHOLESALER-DISTRIBUTOR
POLITICAL ACTION COMMITTEE

Beth Cruz
Assistant Treasurer

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March 27, 2009

HAND DELIVERED

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

Enclosed for filing is an amended FEC Form 1, Statement of Organization, filed on behalf of the Wholesaler-Distributor Political Action Committee.

Sincerely,

Beth Cruz
Assistant Treasurer

Encl.

29030060706

WHOLESALER-DISTRIBUTOR POLITICAL ACTION COMMITTEE
1325 G Street N.W., Suite 1000, Washington, DC 20005 · 202-872-0885 · FAX: 202-296-5940 · www.naw.org

The Wholesaler-Distributor Political Action Committee is the political arm of the National Association of Wholesaler-Distributors

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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

WHOLESALER-DISTRIBUTOR POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1325 G STREET NW SUITE 1000

(Check if address is changed)

WASHINGTON | DC | 20005 -

CITY | STATE | ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE MM / DD / YYYY 03 27 2009

3. FEC IDENTIFICATION NUMBER C 00109306

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DIRK VAN DONGEN

Signature of Treasurer X

Date MM / DD / YYYY 03 27 2009

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation | Office Sought: House Senate President | State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | X Trade Association | Cooperative

X In addition, this committee is a Lobbyist/Registrant PAC.

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS

Mailing Address 1325 G STREET NW SUITE 1000

WASHINGTON DC 20005 -

CITY STATE ZIP CODE

Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name ASSISTANT TREASURER

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number - -

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer DIRK VAN DONGEN

Mailing Address 1325 G STREET NW SUITE 1000

WASHINGTON DC 20005 -

CITY STATE ZIP CODE

Title or Position TREASURER

Telephone number 202 - 872 - 0885

29030060709

Full Name of Designated Agent: BETH CRUZ

Mailing Address: 1325 G STREET NW SUITE 1000

CITY: WASHINGTON STATE: DC ZIP CODE: 20005 -

Title or Position: ASSISTANT TREASURER

Telephone number: 202 - 872 - 0885

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.: WACHOVIA BANK, N.A.

Mailing Address: 1753 PINNACLE DRIVE, 3RD FLOOR

CITY: MCLEAN STATE: VA ZIP CODE: 22102 -

Name of Bank, Depository, etc.:

Mailing Address:

CITY: STATE: ZIP CODE: -

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Federal Election Commission
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(3/2005)

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