

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1101 KING STREET

SUITE 600

Check if different than previously reported. (ACC) ALEXANDRIA VA 22314

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00144766 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 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day POST-Election Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2011 through M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2011

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 Mr. Craig A. Purser

Signature of Treasurer Mr. Craig A. Purser [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2011

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name

**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

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="2011"/>		100019.91
(b) Cash on Hand at Beginning of Reporting Period.....	309191.41	
(c) Total Receipts (from Line 19) .....	35500.76	1890404.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	344692.17	1990424.06
7. Total Disbursements (from Line 31).....	55567.50	1701299.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	289124.67	289124.67
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35150.00	1846934.35
(ii) Unitemized .....	300.00	28254.65
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	35450.00	1875189.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	35450.00	1880189.00
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	1422.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	7500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	50.76	1293.15
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))..... ▶	35500.76	1890404.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35500.76	1890404.15

**DETAILED SUMMARY PAGE**

of Disbursements

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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 .....	67.50	799.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	67.50	799.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55500.00	1695500.00
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	5000.00
(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	5000.00
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)) ..	55567.50	1701299.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	55567.50	1701299.39

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	35450.00	1880189.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	35450.00	1875189.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	67.50	799.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	1422.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	67.50	-622.61

**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 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)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

**A. Mr. Edwin S. Pearlstine Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1600 Charleston Regional Pkwy.

City Charleston	State SC	Zip Code 29492-8015
--------------------	-------------	------------------------

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

Name of Employer Pearlstine Distributors Inc. - Corpora	Occupation Chairman
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	01	/	2011

**Transaction ID : A8887C97FD0DC417FA7B**

Amount of Each Receipt this Period  
1000.00

**B. Mr. Christopher J. Sawyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 700 Railway St. S

City Dundas	State MN	Zip Code 55019-4071
----------------	-------------	------------------------

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

Name of Employer College City Beverage Inc.	Occupation President
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	01	/	2011

**Transaction ID : A7FD33528F9A44E5EBAB**

Amount of Each Receipt this Period  
1500.00

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

Mailing Address 700 Railway St. S

City Dundas	State MN	Zip Code 55019-4071
----------------	-------------	------------------------

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

Name of Employer College City Beverage Inc.	Occupation Treasurer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	01	/	2011

**Transaction ID : A4107290D53F64BF6BE6**

Amount of Each Receipt this Period  
1500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<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 7 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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

**A. Mr. Patrick E. Mockler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11811 Reiger Rd.  
 City Baton Rouge State LA Zip Code 70809-4925  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mockler Beverage Co. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : A75CD87F67096404A8DE**  
 Amount of Each Receipt this Period 5000.00

**B. Mr. Billy B. Lawrence**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 2369  
 City Danville State VA Zip Code 24541-0369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lawrence Distributing Co. Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : AD4F72687A36A4C92A28**  
 Amount of Each Receipt this Period 250.00

**C. Mr. Bill Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 30658  
 City Portland State OR Zip Code 97294-3658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Morgan Distributing Inc. Occupation Chairman of the Board  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 11 / 01 / 2011  
**Transaction ID : AFFEAD54BC9B44ADEB14**  
 Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7750.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 20
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. David C. Morgan</b>		Date of Receipt
Mailing Address P.O. Box 30658		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City	State	Zip Code
Portland	OR	97294-3658
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A3E32480CF4984849B12</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Morgan Distributing Inc.	Vice President	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Ms. Donna L. Spagnola</b>		Date of Receipt
Mailing Address 2601 So. 25th Ave.		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City	State	Zip Code
Broadview	IL	60155-4535
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A96B481726850452FB36</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Central Beverage Company	President	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mr. Yusef Dubois Jackson</b>		Date of Receipt
Mailing Address 1101 West Lake Street, 2nd Floor		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Chicago	IL	60607-1640
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : ACF4980A27EFF41E6B79</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
River North Sales and Service	Chief Executive Officer	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 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)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Mr. Arch Beal</b>		Date of Receipt
Mailing Address 4815 N. Northview Ave.		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Sioux Falls	SD	57107-0865
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Beal Distributing Inc.	President/General Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : <b>A76D7D43BC36847BEA87</b>
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) <b>B. Mr. Tim Lanphier</b>		Date of Receipt
Mailing Address 514 Clark St.		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Sioux City	IA	51101-2132
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
L & L Distributing Co.	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	
		Transaction ID : <b>AAD266DEB2A5D44BF893</b>
		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Mr. Mike Frank</b>		Date of Receipt
Mailing Address P.O. Box 620710		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
City	State	Zip Code
Middleton	WI	53562-0710
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Frank Beer Distributors, Inc.	Sales Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	
		Transaction ID : <b>A2D3980974F8341DE98F</b>
		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="7500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

**A. Mr. Thomas A. Kolocheski II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 5127  
 City De Pere State WI Zip Code 54115-5127  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kay Beer Distributing Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt **11 / 09 / 2011**  
**Transaction ID : A46B3934F4D274191B54**  
 Amount of Each Receipt this Period **1000.00**

**B. Ms. Shannon P. Gary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3710 Roger B. Chaffee Blvd. SE  
 City Grand Rapids State MI Zip Code 49548-3480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kent Beverage Co., Inc. Occupation Craft Beer Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 16 / 2011**  
**Transaction ID : A7F00D7672D62405B82C**  
 Amount of Each Receipt this Period **500.00**

**C. Mr. Kim L. Gary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3710 Roger B. Chaffee Blvd. SE  
 City Grand Rapids State MI Zip Code 49548-3480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kent Beverage Co., Inc. Occupation Chairman  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 16 / 2011**  
**Transaction ID : A68A70AA91EED4143AE9**  
 Amount of Each Receipt this Period **500.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2000.00</b>
<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 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)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

**A. Mr. Brian Gary**  
Full Name (Last, First, Middle Initial)

Mailing Address 3710 Roger B. Chaffee Blvd. SE

City Grand Rapids	State MI	Zip Code 49548-3480
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kent Beverage Co., Inc.	Occupation Operations Manager
---	----------------------------------

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
11	/	16	/	2011

**Transaction ID : AFA4CA43DCC1647D7BA8**

Amount of Each Receipt this Period  
500.00

**B. Mr. Shawn E. Gary**  
Full Name (Last, First, Middle Initial)

Mailing Address 3710 Roger B. Chaffee Blvd. SE

City Grand Rapids	State MI	Zip Code 49548-3480
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kent Beverage Co., Inc.	Occupation President
---	-------------------------

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
11	/	16	/	2011

**Transaction ID : AA65ACFD9E09F48B2A28**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 102 N. Grant Rd.

City Carroll	State IA	Zip Code 51401-2902
-----------------	-------------	------------------------

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

Name of Employer Ike Auen Distributing Co. Inc.	Occupation President
--	-------------------------

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
11	/	16	/	2011

**Transaction ID : A5D00579E363C47F193A**

Amount of Each Receipt this Period  
400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1400.00
<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 12 OF 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Mr. Edward J. Dobbs**

Mailing Address 4321 Yale Blvd. NE

City Albuquerque State NM Zip Code 87107-4141

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

Name of Employer Premier Distributing Co. Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
11 / 18 / 2011  
**Transaction ID : AF73E9EFF335A418B84E**

Amount of Each Receipt this Period  
5000.00

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

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

Amount of Each Receipt this Period

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

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

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).....▶	35150.00

**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)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

**A. Sun Trust Bank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1445 New York Avenue, NW  
 City Washington State DC Zip Code 20005-2157  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1293.15

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2011  
**Transaction ID : AA484841388AD4225A55**  
 Amount of Each Receipt this Period  
 50.76  
 Bank Interest: 11/1/2011-11/30/2011

**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).....▶	50.76
<b>TOTAL</b> This Period (last page this line number only).....▶	50.76

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

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NAME OF COMMITTEE (In Full)

**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Sun Trust Bank**

Mailing Address 1445 New York Avenue, NW

City Washington State DC Zip Code 20005-2157

Purpose of Disbursement  
Bank Fees: 11/1/2011-11/30/2011

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	1	1		

**Transaction ID : B14C63EE1C9D24154B09**

Amount of Each Disbursement this Period

6	7	.	5	0
---	---	---	---	---

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--	--	--	--	--

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

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

6	7	.	5	0
---	---	---	---	---

6	7	.	5	0
---	---	---	---	---

# 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)

**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

### A. FRIENDS OF BILL POSEY

Mailing Address P. O. Box 360877

City Melbourne State FL Zip Code 32936

Purpose of Disbursement  
Contribution to a Federal Candidate

Candidate Name

**Rep. Bill Posey**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2011			

Transaction ID : **BC25E61704C294037BA4**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

### B. KAY GRANGER CAMPAIGN FUND

Mailing Address 715 Jones Street, Suite 101

City Fort Worth State TX Zip Code 76102

Purpose of Disbursement  
Contribution to a Federal Candidate

Candidate Name

**Rep. Kay Granger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2011			

Transaction ID : **BB200B8E39AAD4C8784B**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### C. CITIZENS FOR RUSH

Mailing Address P. O. Box 7292

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement  
Contribution to a Federal Candidate

Candidate Name

**Rep. Bobby L. Rush**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2011			

Transaction ID : **BC0D9B033BA6A47C58C4**

Amount of Each Disbursement this Period

2500.00
---------

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

5000.00
---------

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

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**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)

**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOSWELL FOR CONGRESS**

Mailing Address PO Box 6220

City Des Moines State IA Zip Code 50309

Purpose of Disbursement  
Contribution to a Federal Candidate

Candidate Name  
**Rep. Leonard L. Boswell**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: IA District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2011			

Transaction ID : B132587BF2C574144B59

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF CONGRESSMAN GEORGE MILLER**

Mailing Address P.O. Box 5864

City Concord State CA Zip Code 94524

Purpose of Disbursement  
Contribution to a Federal Candidate

Candidate Name  
**Rep. George Miller**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: CA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2011			

Transaction ID : BEC15C6BB3E3E47AB86A

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. REYES COMMITTEE, INC., THE**

Mailing Address 1011 Montana Ave

City El Paso State TX Zip Code 79902

Purpose of Disbursement  
Contribution to a Federal Candidate

Candidate Name  
**Rep. Silvestre Reyes**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: TX District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2011			

Transaction ID : BC2C24EB99DFC48D5B6E

Amount of Each Disbursement this Period

2500.00
---------

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

12500.00
----------

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

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**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)

**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Billy Long for Congress**

Mailing Address 1675-F E Seminole

City Springfield State MO Zip Code 65804

Purpose of Disbursement  
Contribution to a Federal Candidate

Candidate Name

**Rep. Billy Long**

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2011

**Transaction ID : B2965918BC20D405D855**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. LATHAM FOR CONGRESS**

Mailing Address P.O. Box 71

City Clarion State IA Zip Code 50525

Purpose of Disbursement  
Contribution to a Federal Candidate

Candidate Name

**Rep. Tom Latham**

Office Sought:  House  
 Senate  
 President  
State: IA District: 04

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2011

**Transaction ID : BAF05D180D6284CC5946**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement  
Contribution to a Federal Candidate

Candidate Name

**Rep. Louise M. Slaughter**

Office Sought:  House  
 Senate  
 President  
State: NY District: 28

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	18	/	2011

**Transaction ID : B100A7267449F4F8C897**

Amount of Each Disbursement this Period

1500.00
---------

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

11500.00
----------

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

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**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)

**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. SIMPSON FOR CONGRESS**

Mailing Address 1487 PARKWAY DRIVE

City BLACKFOOT State ID Zip Code 83221

Purpose of Disbursement  
Contribution to a Federal Candidate

Candidate Name

**Rep. Mike K. Simpson**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ID District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2011			

**Transaction ID : B1AC3CB35EFAA4E64A25**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. FITZGERALD FOR US SENATE**

Mailing Address 910 SUNSET LANE

City HORICON State WI Zip Code 53032

Purpose of Disbursement  
Contribution to a Federal Candidate

Candidate Name

**Jeff Fitzgerald**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: WI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2011			

**Transaction ID : B30597A1B119E4B9CAEC**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. KINZINGER FOR CONGRESS**

Mailing Address PO Box 1050

City Bourbonnais State IL Zip Code 60914

Purpose of Disbursement  
Contribution to a Federal Candidate

Candidate Name

**Rep. Adam Kinzinger**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IL District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2011			

**Transaction ID : B673D38DDCD6E489CBC3**

Amount of Each Disbursement this Period

1500.00
---------

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

9000.00
---------

**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)

**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BRIDGE PAC**

Mailing Address 499 SOUTH CAPITOL ST SW SUITE 412

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Other2011

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			18			2011			

Transaction ID : BA376EA39AE31484093F

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Other2011

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			09			2011			

Transaction ID : BD8A0B14ECDDA47A3BBI

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. FUND FOR A CONSERVATIVE FUTURE**

Mailing Address PO BOX 96

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Other2011

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			15			2011			

Transaction ID : B29B76ABA6D544EE08A1

Amount of Each Disbursement this Period

2500.00
---------

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

12500.00
----------

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

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**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)

**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Glacier PAC**

Mailing Address 236 Massachusetts Avenue, NE  
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution to a Leadership PAC

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2011  
 Primary  General  
 Other (specify) ▼  
Other2011

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			09			2011					

**Transaction ID : B6FD3CE13233240B6874**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

5000.00
---------

55500.00
----------