

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** C00109306
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Beth Rivera Cruz

Signature of Treasurer Electronically Filed by Beth Rivera Cruz Date 10 15 2010

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

Office Use Only									
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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	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" 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>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		13307.08
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	25007.08									
(c) Total Receipts (from Line 19)	59850.00	117050.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	84857.08	130357.08								
7. Total Disbursements (from Line 31)	77300.00	122800.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7557.08	7557.08								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	59800.00	111550.00
(ii) Unitemized	50.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	59850.00	112050.00
(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)	59850.00	117050.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	59850.00	117050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	59850.00	117050.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	77300.00	122800.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	77300.00	122800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	77300.00	122800.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	59850.00	117050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	59850.00	117050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 30
(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)
Andrew T. Berlin

Mailing Address 525 West Monroe
14th Floor

City State Zip Code
Chicago IL 60661

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

Name of Employer Occupation
Berlin Packaging Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.6001

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Courtney S. Berlin

Mailing Address 20 Maple Hill Rd

City State Zip Code
Glencoe IL 60022

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

Name of Employer Occupation
None None

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.6003

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Mr. Brad Blevins

Mailing Address 421 Hart Lane-PO Box 160387

City State Zip Code
Nashville TN 37216-0387

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

Name of Employer Occupation
Blevins Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
MM / DD / YYYY
09 / 14 / 2010

Transaction ID: SA11AI.6010

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **10500.00**

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 / 30
(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)
Henry G. Booth, Jr.
Mailing Address P.O. Box 26006

City State Zip Code
Charlotte NC 28221-6006

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

Name of Employer Occupation
Piedmont Plastics, Inc. President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 13 / 2010

Transaction ID: SA11AI.5966
Amount of Each Receipt this Period 500.00

B. Full Name (Last, First, Middle Initial)
Mr. Ron Calhoun
Mailing Address 1200 Steelwood Rd

City State Zip Code
Columbus OH 43212-1372

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

Name of Employer Occupation
Palmer Donavin Mfg Co (The) President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2010

Transaction ID: SA11AI.5965
Amount of Each Receipt this Period 250.00

C. Full Name (Last, First, Middle Initial)
Eugene B. Chaiken
Mailing Address 2709 Commerce Way

City State Zip Code
Philadelphia PA 19154

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

Name of Employer Occupation
Almo Corporation Chairman & CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 07 / 2010

Transaction ID: SA11AI.5963
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional) ► 1250.00

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 / 30
	<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. Timothy Clarke	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 2931 Exon Ave	Transaction ID: SA11AI.5978
	City State Zip Code Cincinnati OH 45241-2520	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Netherland Rubber Co Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) E. Dale Cobble	Date of Receipt MM / DD / YYYY 09 / 28 / 2010
	Mailing Address 6000 Southport Rd	Transaction ID: SA11AI.5993
	City State Zip Code Portage IN 46368-6405	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation G.W. Berkheimer Co. Inc. CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Richard Cole	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 900 Regency Drive	Transaction ID: SA11AI.5997
	City State Zip Code Glendale Heights IL 60139	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Graybar Electric Company District VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	1800.00
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 / 30
(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. D. Beatty D'Alessandro

Mailing Address 34 N Meramec Ave

City State Zip Code
St Louis MO 63105-1231

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

Name of Employer Graybar Electric Co Inc Occupation Sr Vice President/Chief Financial Offi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: SA11AI.5992

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Mr. Steven L. Dehmlow

Mailing Address 85 W Algonquin Road #600

City State Zip Code
Arlington Hts IL 60005-4421

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

Name of Employer Composites One LLC Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.5989

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Wilfredo Figueras

Mailing Address 6800 Broken Sound Parkway Ste. 150

City State Zip Code
Boca Raton FL 33487

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

Name of Employer Laird Plastics, Inc. Occupation Executive Vice President and CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.5988

Amount of Each Receipt this Period
3000.00

SUBTOTAL of Receipts This Page (optional) ▶ 5500.00

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 / 30
(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. Lawrence Giglio

Mailing Address 34 N Meramec Ave

City State Zip Code
St Louis MO 63105-1231

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

Name of Employer Graybar Electric Co Inc Occupation Sr. Vice President-Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 14 / 2010
Transaction ID: SA11AI.6011
Amount of Each Receipt this Period: 500.00

B. Full Name (Last, First, Middle Initial)
Mike Hopkins

Mailing Address P.O. Box 1919

City State Zip Code
Brenham TX 77834

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

Name of Employer Mike Hopkins Distributing Co Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 09 / 10 / 2010
Transaction ID: SA11AI.5982
Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
Mr. Allan Keck

Mailing Address 8555 Miralani Drive

City State Zip Code
San Diego CA 92126

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

Name of Employer R W Smith & Co Inc Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 09 / 10 / 2010
Transaction ID: SA11AI.5981
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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 / 30
(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. Richard Lofgren

Mailing Address 600 S Santa Fe Dr

City State Zip Code
Denver CO 80223-2403

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

Name of Employer Occupation
United States Welding Inc President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: SA11AI.5970

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
Robert G. McEniry

Mailing Address 4140 Gwynne Rd.

City State Zip Code
Memphis TN 38117

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

Name of Employer Occupation
NexAir Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
08 / 24 / 2010

Transaction ID: SA11AI.5975

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Michael Medart

Mailing Address 124 Manufacturers Dr

City State Zip Code
St Louis MO 63010-4727

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

Name of Employer Occupation
Medart Marine President and CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
07 / 21 / 2010

Transaction ID: SA11AI.5971

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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 12 / 30

(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. Michael Medart

Mailing Address 124 Manufacturers Dr

City State Zip Code
St Louis MO 63010-4727

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

Name of Employer Occupation
Medart Marine President and CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 10 / 2010

Transaction ID: SA11AI.5979

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Murray Miller

Mailing Address 400 Dietz Rd. N.E.

City State Zip Code
Warren OH 44483

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

Name of Employer Occupation
Trumbull Industries Inc. President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2010

Transaction ID: SA11AI.5960

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Murray Miller

Mailing Address 400 Dietz Rd. N.E.

City State Zip Code
Warren OH 44483

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

Name of Employer Occupation
Trumbull Industries Inc. President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 17 / 2010

Transaction ID: SA11AI.5990

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 30

(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. John E. Nelson

Mailing Address 2400 E 5th St

City

Marshfield

State

WI

Zip Code

54449-0647

FEC ID number of contributing federal political committee.

C

Name of Employer
Nelson Jameson Inc

Occupation
Chairman

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.6000

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mr. William A. Parsley

Mailing Address 3750 N Liberty St

City

Winston Salem

State

NC

Zip Code

27105-3909

FEC ID number of contributing federal political committee.

C

Name of Employer
Carswell Distributing Co

Occupation
President

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 10 / 2010

Transaction ID: SA11AI.5980

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mr. Byron Potter

Mailing Address 1200 Centre Park Blvd

City

DeSoto

State

TX

Zip Code

75123-1660

FEC ID number of contributing federal political committee.

C

Name of Employer
Dallas Wholesale Builders
Supply Inc

Occupation
President and CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
09 / 17 / 2010

Transaction ID: SA11AI.6005

Amount of Each Receipt this Period

4250.00

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 30
	<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) Debra Potter	Date of Receipt MM / DD / YYYY 09 / 17 / 2010
	Mailing Address 1799 Indian Creek Dr.	Transaction ID: SA11AI.6006
	City State Zip Code Midlothian TX 76065	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation None None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Tom Robertshaw	Date of Receipt MM / DD / YYYY 09 / 22 / 2010
	Mailing Address 1605 Alton Rd	Transaction ID: SA11AI.5991
	City State Zip Code Birmingham AL 35210-1477	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Motion Industries Inc Vice President, Group Business Develop	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C.	Full Name (Last, First, Middle Initial) Barry Schneider	Date of Receipt MM / DD / YYYY 07 / 07 / 2010
	Mailing Address 4685 Brookhollow Circle	Transaction ID: SA11AI.5956
	City State Zip Code Riverside CA 92509	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Bear Forest Products Inc President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	6750.00
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 15 / 30
(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
							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)
Robet Taylor

Mailing Address P.O. Box 868

City State Zip Code
Fort Wayne IN 46814

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

Name of Employer Do It Best Corp Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3750.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.5974

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Mr. John Tracy

Mailing Address 17050 Baxter Road #250

City State Zip Code
Chesterfield MO 63005

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

Name of Employer Dot Foods Inc Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.5972

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Patrick Tracy

Mailing Address 1 Dot Way-PO Box 192

City State Zip Code
Mount Sterling IL 62353-0912

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

Name of Employer Dot Foods Inc Occupation Chairman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 1 0

Transaction ID: SA11AI.5977

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional) ► 4000.00

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 16 / 30
	<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) Roy Vallee		Date of Receipt
	Mailing Address 2211 S. 47th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Phoenix	AZ	85034
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5969
Name of Employer Avnet Inc		Occupation Chairman and CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 4000.00
		<input type="text"/> 5000.00	

B.	Full Name (Last, First, Middle Initial) Mr. Douglas York		Date of Receipt
	Mailing Address 3441 E Harbour Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Phoenix	AZ	85034-7229
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5968
Name of Employer Ewing Irrigation Products		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2500.00
		<input type="text"/> 2500.00	

C.	Full Name (Last, First, Middle Initial) Mr. Raymon A. York		Date of Receipt
	Mailing Address 3441 E Harbour Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Phoenix	AZ	85034-7229
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5996
Name of Employer Ewing Irrigation Products		Occupation Chief Executive Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
		<input type="text"/> 5000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 11500.00
TOTAL 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:		PAGE 17 / 30	
	(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) Ms. Sue 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>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	9		2	8		2	0	1	0														
	City	State	Zip Code		Transaction ID: SA11AI.5995																			
	Phoenix	AZ	85034-7229																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Ewing Irrigation Products		Occupation Chairman		<input type="text" value="5000.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<input type="text" value="5000.00"/>																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="59800.00"/>

**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) BOOZMAN FOR ARKANSAS	Transaction ID: SB23.5901 Date of Disbursement
	Mailing Address 322 NORTH BLOOMINGTON SUITE A-B	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City LOWELL State AR Zip Code 72745	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="2500.00"/>
	Candidate Name JOHN BOOZMAN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AR District: 00	
B.	Full Name (Last, First, Middle Initial) BOOZMAN FOR ARKANSAS	Transaction ID: SB23.5936 Date of Disbursement
	Mailing Address 322 NORTH BLOOMINGTON SUITE A-B	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City LOWELL State AR Zip Code 72745	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="2500.00"/>
	Candidate Name JOHN BOOZMAN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AR District: 00	
C.	Full Name (Last, First, Middle Initial) BUCK FOR COLORADO	Transaction ID: SB23.5951 Date of Disbursement
	Mailing Address PO BOX 101465	<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City DENVER State CO Zip Code 80250	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="2500.00"/>
	Candidate Name KENNETH R BUCK	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 00	

SUBTOTAL of Disbursements This Page (optional)

7500.00

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)

PAGE 19 / 30

<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) BUCK FOR COLORADO	Transaction ID: SB23.5930 Date of Disbursement 09 / 20 / 2010
	Mailing Address PO BOX 101465	Amount of Each Disbursement this Period 2500.00
	City DENVER State CO Zip Code 80250	
	Purpose of Disbursement Political Contribution	Category/Type
	Candidate Name KENNETH R BUCK	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CO District: 00	
B.	Full Name (Last, First, Middle Initial) CARLY FOR CALIFORNIA INC	Transaction ID: SB23.5886 Date of Disbursement 09 / 07 / 2010
	Mailing Address 520 CAPITOL MALL SUITE 220	Amount of Each Disbursement this Period 2500.00
	City SACRAMENTO State CA Zip Code 95814	
	Purpose of Disbursement Political Contribution	Category/Type
	Candidate Name CARLY FIORINA	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 00	
C.	Full Name (Last, First, Middle Initial) DUFFY FOR CONGRESS	Transaction ID: SB23.5915 Date of Disbursement 09 / 20 / 2010
	Mailing Address PO Box 538	Amount of Each Disbursement this Period 1000.00
	City Wausau State WI Zip Code 54402	
	Purpose of Disbursement Political Contribution	Category/Type
	Candidate Name SEAN P DUFFY	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 07	

SUBTOTAL of Disbursements This Page (optional)

6000.00

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)

PAGE 20 / 30

<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)
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 EAST MAIN STREET, SUITE 200

City RICHMOND State VA Zip Code 23219

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.5986

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 631-B PENNSYLVANIA AVE., SE
Basement UNIT

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.5904

Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

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

Mailing Address 200 NORTH PHILLIPS AVENUE STE L101

City SIOUX FALLS State SD Zip Code 57104

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

Candidate Name
JOHN THUNE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: SD District: 00

Transaction ID: SB23.5862

Date of Disbursement

07 / 01 / 2010

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional) ▶

10025.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN THUNE	Transaction ID: SB23.5865 Date of Disbursement
	Mailing Address 200 NORTH PHILLIPS AVENUE STE L101	<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City SIOUX FALLS State SD Zip Code 57104	Amount of Each Disbursement this Period
	Purpose of Disbursement Contrib in-kind, srvs to cand campaign	<input type="text" value="25.00"/>
	Candidate Name JOHN THUNE	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF KELLY AYOTTE	Transaction ID: SB23.5909 Date of Disbursement
	Mailing Address PO BOX 233	<input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City NASHUA State NH Zip Code 03061	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="5000.00"/>
	Candidate Name KELLY A AYOTTE	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT	Transaction ID: SB23.5983 Date of Disbursement
	Mailing Address P.O. BOX 50100	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City SPRINGFIELD State MO Zip Code 65805	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="2500.00"/>
	Candidate Name ROY BLUNT	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7525.00"/>
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)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT Mailing Address P.O. BOX 50100 City SPRINGFIELD State MO Zip Code 65805 Purpose of Disbursement Political Contribution Candidate Name ROY BLUNT Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5927 Date of Disbursement 09 / 20 / 2010 Amount of Each Disbursement this Period 2500.00
B.	Full Name (Last, First, Middle Initial) FRIENDS OF SHARRON ANGLE Mailing Address PO BOX 33058 City RENO State NV Zip Code 89533 Purpose of Disbursement Political Contribution Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5883 Date of Disbursement 09 / 07 / 2010 Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) FRIENDS OF SHARRON ANGLE Mailing Address PO BOX 33058 City RENO State NV Zip Code 89533 Purpose of Disbursement Political Contribution Candidate Name SHARRON E ANGLE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5921 Date of Disbursement 09 / 20 / 2010 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

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) HOEVEN FOR SENATE <hr/> Mailing Address PO BOX 15114 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement Political Contribution Candidate Name JOHN HOEVEN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5924 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JOE MILLER FOR US SENATE <hr/> Mailing Address PO BOX 72838 <hr/> City FAIRBANKS State AK Zip Code 99707 <hr/> Purpose of Disbursement Political Contribution Candidate Name JOSEPH W MILLER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5933 Date of Disbursement M M / D D / Y Y Y Y 09 / 20 / 2010
	Amount of Each Disbursement this Period 3500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JOE MILLER FOR US SENATE <hr/> Mailing Address PO BOX 72838 <hr/> City FAIRBANKS State AK Zip Code 99707 <hr/> Purpose of Disbursement Political Contribution Candidate Name JOSEPH W MILLER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5948 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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)
JON RUNYAN FOR CONGRESS, INC

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement
Political Contribution

Candidate Name
JON RUNYAN

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NJ District: 03

Transaction ID: SB23.5868

Date of Disbursement

07 / 09 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
KIRK FOR SENATE

Mailing Address P.O. Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement
Political Contribution

Candidate Name
MARK STEVEN KIRK

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 00

Transaction ID: SB23.5939

Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
MARCO RUBIO FOR US SENATE

Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement
Political Contribution

Candidate Name
MARCO RUBIO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 00

Transaction ID: SB23.5895

Date of Disbursement

09 / 07 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

8500.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '14 <hr/> Mailing Address PO BOX 1496 <hr/> City LOUISVILLE State KY Zip Code 40201 <hr/> Purpose of Disbursement Political Contribution Candidate Name MITCH MCCONNELL <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00 Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5880 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) PAUL VICTORY COMMITTEE <hr/> Mailing Address 228 S WASHINGTON STREET SUITE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement Political Contribution Candidate Name RAND PAUL <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5889 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PAUL VICTORY COMMITTEE <hr/> Mailing Address 228 S WASHINGTON STREET SUITE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement Political Contribution Candidate Name RAND PAUL <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5942 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

A.	Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE	Transaction ID: SB23.5853 Date of Disbursement	
	Mailing Address 9856 ARCHER LANE	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>	
	City DUBLIN State OH Zip Code 43017	Amount of Each Disbursement this Period	<input type="text" value="50.00"/>
	Purpose of Disbursement Contrib in-kind; srvc to cand campaign	<input type="text"/>	
	Candidate Name ROB PORTMAN	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: OH District: 00	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE	Transaction ID: SB23.5856 Date of Disbursement	
	Mailing Address 9856 ARCHER LANE	<input type="text" value="08"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>	
	City DUBLIN State OH Zip Code 43017	Amount of Each Disbursement this Period	<input type="text" value="50.00"/>
	Purpose of Disbursement Contrib in-kind; srvc to cand campaign	<input type="text"/>	
	Candidate Name ROB PORTMAN	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: OH District: 00	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE	Transaction ID: SB23.5859 Date of Disbursement	
	Mailing Address 9856 ARCHER LANE	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>	
	City DUBLIN State OH Zip Code 43017	Amount of Each Disbursement this Period	<input type="text" value="25.00"/>
	Purpose of Disbursement Contrib in-kind, srvc to cand campaign	<input type="text"/>	
	Candidate Name ROB PORTMAN	Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010	
	State: OH District: 00	<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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RAESE FOR SENATE COMMITTEE	Transaction ID: SB23.5945 Date of Disbursement
	Mailing Address PO BOX 262	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City MORGANTOWN State WV Zip Code 26507	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name JOHN REEVES RAESE	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RIBBLE FOR CONGRESS	Transaction ID: SB23.5912 Date of Disbursement
	Mailing Address PO BOX 7200	<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City APPLETON State WI Zip Code 54912	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1000.00"/>
	Candidate Name REID RIBBLE	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE	Transaction ID: SB23.5844 Date of Disbursement
	Mailing Address POST OFFICE BOX 5928	<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2010"/>
	City WINSTON-SALEM State NC Zip Code 27113	Amount of Each Disbursement this Period
	Purpose of Disbursement Contrib-in-kind; srvcs to cand campaign	<input type="text" value="50.00"/>
	Candidate Name RICHARD BURR	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2050.00"/>
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)

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

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NAME OF COMMITTEE (In Full)

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

A. Full Name (Last, First, Middle Initial)
RICHARD BURR COMMITTEE; THE

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

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

Candidate Name
RICHARD BURR

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5847
Date of Disbursement

08 / 02 / 2010

Amount of Each Disbursement this Period

50.00

B. Full Name (Last, First, Middle Initial)
RICHARD BURR COMMITTEE; THE

Mailing Address POST OFFICE BOX 5928

City WINSTON-SALEM State NC Zip Code 27113

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

Candidate Name
RICHARD BURR

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 00

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5850
Date of Disbursement

09 / 02 / 2010

Amount of Each Disbursement this Period

25.00

C. Full Name (Last, First, Middle Initial)
RICHARD HANNA FOR CONGRESS COMMITTEE

Mailing Address 2308 GENESEE STREET

City UTICA State NY Zip Code 13502

Purpose of Disbursement
Political Contribution

Candidate Name
RICHARD HANNA

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.5871
Date of Disbursement

07 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) RON JOHNSON FOR SENATE INC	Transaction ID: SB23.5874 Date of Disbursement
	Mailing Address 601 OREGON STREET SUITE A	<input type="text" value="07"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City OSHKOSH State WI Zip Code 54902	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="1500.00"/>
	Candidate Name RONALD HAROLD JOHNSON	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) RON JOHNSON FOR SENATE INC	Transaction ID: SB23.5906 Date of Disbursement
	Mailing Address 601 OREGON STREET SUITE A	<input type="text" value="09"/> <input type="text" value="15"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City OSHKOSH State WI Zip Code 54902	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Contribution	<input type="text" value="5000.00"/>
	Candidate Name RONALD HAROLD JOHNSON	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROSSI FOR SENATE	Transaction ID: SB23.5877 Date of Disbursement
	Mailing Address PO BOX 50713	<input type="text" value="07"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City BELLEVUE State WA Zip Code 98015	Amount of Each Disbursement this Period
	Purpose of Disbursement Political	<input type="text" value="1000.00"/>
	Candidate Name DINO ROSSI	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7500.00"/>
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)

<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) ROSSI FOR SENATE Mailing Address PO BOX 50713 City BELLEVUE State WA Zip Code 98015 Purpose of Disbursement Political Contribution Candidate Name DINO ROSSI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5892 Date of Disbursement 09 / 07 / 2010	Amount of Each Disbursement this Period 4000.00
B.	Full Name (Last, First, Middle Initial) ROSSI FOR SENATE Mailing Address PO BOX 50713 City BELLEVUE State WA Zip Code 98015 Purpose of Disbursement Political Contribution Candidate Name DINO ROSSI Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5918 Date of Disbursement 09 / 20 / 2010	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) TOOMEY FOR SENATE COMMITTEE Mailing Address 2720 JORDAN ROAD City OREFIELD State PA Zip Code 18069 Purpose of Disbursement Political Contribution Candidate Name PATRICK JOSEPH TOOMEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5898 Date of Disbursement 09 / 07 / 2010	Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional)	7500.00
TOTAL This Period (last page this line number only)	77300.00