

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. ANDY TOBIN FOR CONGRESS**

Mailing Address 2532 NORTH 4TH STREET #528

City State Zip Code  
FLAGSTAFF AZ 86004

Purpose of Disbursement  
Political Contribution

Candidate Name  
**ANDY HON. TOBIN**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: AZ District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : SB23.7062**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. BENISHEK FOR CONGRESS, INC.**

Mailing Address PO BOX 108

City State Zip Code  
GLADSTONE MI 49837

Purpose of Disbursement  
Political Contribution

Candidate Name  
**DANIEL J. M.D. BENISHEK**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

**Transaction ID : SB23.7086**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**C. CAPITO FOR WEST VIRGINIA**

Mailing Address PO BOX 11519

City State Zip Code  
CHARLESTON WV 25339

Purpose of Disbursement  
Political Contribution

Candidate Name  
**SHELLEY MOORE CAPITO**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: WV District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	23	/	2014

**Transaction ID : SB23.7089**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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