

**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

Health Industry Distributors Association Political Action Committee

ADDRESS (number and street) ▼

310 Montgomery Street

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00486498

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

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
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

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 Vincent Tallman

Signature of Treasurer

Vincent Tallman

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 14 2014

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**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Health Industry Distributors Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		17992.39
(b) Cash on Hand at Beginning of Reporting Period.....	17902.39	
(c) Total Receipts (from Line 19)	10850.00	10850.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	28752.39	28842.39
7. Total Disbursements (from Line 31)	799.00	889.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27953.39	27953.39
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)

Page 3

Write or Type Committee Name

Health Industry Distributors Association Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2014
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).....

8250.00

8250.00

(ii) Unitemized

100.00

100.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

8350.00

8350.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2500.00

2500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

10850.00

10850.00

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 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))..... ▶

10850.00

10850.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

10850.00

10850.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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	299.00	389.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	299.00	389.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
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	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) 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)) ..	799.00	889.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	799.00	889.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	10850.00	10850.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10850.00	10850.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	299.00	389.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	299.00	389.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Health Industry Distributors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Akhil Agrawal

Mailing Address 10425 Canterbury Ct

City State Zip Code
 Davie FL 33328

FEC ID number of contributing
federal political committee.

C

Name of Employer
 American Medical Depot

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

05 / 15 / 2014

Transaction ID : A2014-924520

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. E.V. Clarke

Mailing Address 135 Duryea Road

City State Zip Code
 Melville NY 11747

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Henry Schein, Inc

Occupation
 VP Chief Marketing & Oper Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 11 / 2014

Transaction ID : A2014-1285555

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Dennis R Clock

Mailing Address 3502 Lakeshore Drive

City State Zip Code
 Winfield KS 67156

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Clock Medical Supply

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 14 / 2014

Transaction ID : A2014-923502

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

5000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Industry Distributors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christine Fagnani

Mailing Address 50120 Pontiac Trail

City State Zip Code
 Wixom MI 00000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Industry Distributors Assn

Occupation
Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 14 2014

Transaction ID : A2014-923504

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Stephen A Inacker

Mailing Address 1490 S. Ridge Road

City State Zip Code
 Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health

Occupation
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
 06 06 2014

Transaction ID : A2014-1126630

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David R Myers

Mailing Address 85 Shaffer Park Dr.

City State Zip Code
 Tiffin OH 44883

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Industry Distributors Assn

Occupation
Executive Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 15 2014

Transaction ID : A2014-924511

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

1250.00

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 12
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Industry Distributors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Doug Shaver

Mailing Address 12125 Morestead Ct

City State Zip Code
 Glen Allen VA 23059-7071

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 McKesson Med-Surg SVP Strategy & Business Dev.

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : A2014-1123634

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Andrew Wright

Mailing Address 657 Vanderbilt Drive

City State Zip Code
 Nokomis FL 34275

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Mercedes Medical Chief Operating Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 14 / 2014

Transaction ID : A2014-923503

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mark P Zacur

Mailing Address 9999 Veterans Memorial Parkway

City State Zip Code
 Houston TX 77038-2499

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Health Industry Distributors Assn Manager

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 15 / 2014

Transaction ID : A2014-924512

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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

2000.00

8250.00

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

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

FOR LINE NUMBER: PAGE 9 OF 12
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Health Industry Distributors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cardinal Health Inc. PAC

Mailing Address 7000 Cardinal Place

City State Zip Code
Dublin OH 43017

FEC ID number of contributing
federal political committee.

C C00332833

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☒ Other (specify) ▼
Not Applicable

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 14 2014

Transaction ID : A2014-10991

Amount of Each Receipt this Period

2500.00

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

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

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

2500.00

2500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Health Industry Distributors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. PayPal Inc.

Mailing Address P.O. Box 7022

City State Zip Code
Mountain View CA 94039Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 15 2014**Transaction ID : B499065**

Amount of Each Disbursement this Period

77.80

Full Name (Last, First, Middle Initial)

B. PayPal Inc.

Mailing Address P.O. Box 7022

City State Zip Code
Mountain View CA 94039Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 01 2014**Transaction ID : B499060**

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. PayPal Inc.

Mailing Address P.O. Box 7022

City State Zip Code
Mountain View CA 94039Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 06 2014**Transaction ID : B499061**

Amount of Each Disbursement this Period

13.80

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

121.60

<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

Health Industry Distributors Association Political Action Committee

A. PayPal Inc.

MM / DD / YYYY

001

Category/
Type

State: ☐ District: ☒ Not Applicable

70.00

B.

Category/
TypeCategory/
Type

State: District:

C.

Category/
TypeCategory/
Type

State: District:

Age Group	Percentage
18-24	10.00
25-34	15.00
35-44	20.00
45-54	25.00
55-64	30.00
65-74	35.00
75-84	40.00
85+	70.00

191.60

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

<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)

Health Industry Distributors Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan For Congress

Mailing Address P.O. Box 1488

City	State	Zip Code
Janesville	WI	53547

Purpose of Disbursement
Contribution

Candidate Name

Paul D RyanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2014

Transaction ID : B496695

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D 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
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

500.00
