



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Healthcare Distribution Management Association Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		40131.26
(b) Cash on Hand at Beginning of Reporting Period.....	40321.46	
(c) Total Receipts (from Line 19) .....	2450.10	26640.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	42771.56	66771.56
7. Total Disbursements (from Line 31).....	2000.00	26000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	40771.56	40771.56
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Healthcare Distribution Management Association Political Action Committee**

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).....	2254.00	9480.00
(ii) Unitemized .....	196.10	1077.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2450.10	10557.30
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2450.10	20557.30
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	6083.00
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))..... ▶	2450.10	26640.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2450.10	26640.30

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	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.....	2000.00	26000.00
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)) ..	2000.00	26000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	26000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	2450.10	20557.30
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2450.10	20557.30
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: (check only one)	PAGE 6 OF 9
	<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	

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)  
**Healthcare Distribution Management Association Political Action Committee**

**A. Ann Bittman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8101 Kerry Lane  
 City Chevy Chase State MD Zip Code 20815-4811  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthcare Distribution Management Ass Occupation Executive VP and COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1256.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : C2710621**  
 Amount of Each Receipt this Period  
 416.00  
 \* Payroll Deduction: Semi-Monthly \$208

**B. Anita Ducca**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10508 Grove Ridge Place  
 City Rockville State MD Zip Code 20852-4656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthcare Distribution Management Ass Occupation VP, Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 318.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : C2710633**  
 Amount of Each Receipt this Period  
 106.00  
 \* Payroll Deduction: Semi-Monthly \$53

**C. Kristen Freitas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5904 N. 4th Street  
 City Arlington State VA Zip Code 22203-1113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthcare Distribution Management Ass Occupation Senior Director, Federal Government Af  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2014  
**Transaction ID : C2710635**  
 Amount of Each Receipt this Period  
 250.00  
 \* Payroll Deduction: Semi-Monthly \$125

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	772.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Healthcare Distribution Management Association Political Action Committee**

**A. Perry Fri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 406 Sugarland Meadow Drive  
 City Herndon State VA Zip Code 20170-5342  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthcare Distribution Management Ass Occupation Sr. VP, Industry Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : C2710637**  
 Amount of Each Receipt this Period 250.00  
 \* Payroll Deduction: Semi-Monthly \$125

**B. Elizabeth Gallenagh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6559 Old Carriage Lane  
 City Alexandria State VA Zip Code 22315-5033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthcare Distribution Management Ass Occupation VP, Government Affairs & General Couns  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : C2710639**  
 Amount of Each Receipt this Period 300.00  
 \* Payroll Deduction: Semi-Monthly \$150

**C. John Gray**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10746 Riverscape Run  
 City Great Falls State VA Zip Code 22066-3333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthcare Distribution Management Ass Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1256.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : C2710641**  
 Amount of Each Receipt this Period 416.00  
 \* Payroll Deduction: Semi-Monthly \$208

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	966.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
<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)  
**Healthcare Distribution Management Association Political Action Committee**

**A. Patrick Kelly**  
Full Name (Last, First, Middle Initial)

Mailing Address 5900 Madawaska Road

City Bethesda State MD Zip Code 20816

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

Name of Employer Healthcare Distribution Management Ass Occupation Senior Vice President, Government Affa

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1256.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : C2710649**

Amount of Each Receipt this Period 416.00

\* Payroll Deduction: Semi-Monthly \$208

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

Mailing Address 5822 Nevada Avenue, NW

City Washington State DC Zip Code 20015-2548

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

Name of Employer Healthcare Distribution Management Ass Occupation Executive VP & COO, The Center

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2014  
**Transaction ID : C2710647**

Amount of Each Receipt this Period 100.00

\* Payroll Deduction: Semi-Monthly \$50

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	516.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2254.00

# 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)

**Healthcare Distribution Management Association Political Action Committee**

Full Name (Last, First, Middle Initial)

### A. GUTHRIE FOR CONGRESS

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
contribution to federal candidate

Candidate Name

**Rep. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2014

**Transaction ID : D151787**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

### B. BOB GOODLATTE FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 292

City ROANOKE State VA Zip Code 24002

Purpose of Disbursement  
contribution to a federal candidate

Candidate Name

**Rep. Robert W. Goodlatte**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2014

**Transaction ID : D153895**

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	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)..... ▶

2000.00
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**TOTAL** This Period (last page this line number only)..... ▶

2000.00
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