

**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="2013"/>		37383.06
(b) Cash on Hand at Beginning of Reporting Period.....	35366.06	
(c) Total Receipts (from Line 19)	3721.40	23204.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	39087.46	60587.46
7. Total Disbursements (from Line 31).....	12500.00	34000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	26587.46	26587.46
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

Healthcare Distribution Management Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2013 To: M M / D D / Y Y Y Y 04 / 30 / 2013

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).....	3231.00	11409.00
(ii) Unitemized	490.40	1795.40
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3721.40	13204.40
(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)	3721.40	23204.40
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))..... ▶	3721.40	23204.40
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3721.40	23204.40

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.....	12500.00	34000.00
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)) ..	12500.00	34000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12500.00	34000.00

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)	3721.40	23204.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3721.40	23204.40
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 11
	<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

Full Name (Last, First, Middle Initial)
A. Ann Bittman

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 ▼
1672.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : C2328370

Amount of Each Receipt this Period
624.00

* Payroll Deduction: Semi-Monthly \$208

Full Name (Last, First, Middle Initial)
B. Anita Ducca

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 ▼
424.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : C2328383

Amount of Each Receipt this Period
159.00

* Payroll Deduction: Semi-Monthly \$53

Full Name (Last, First, Middle Initial)
C. Kristen Freitas

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 ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : C2328386

Amount of Each Receipt this Period
375.00

* Payroll Deduction: Semi-Monthly \$125

SUBTOTAL of Receipts This Page (optional).....▶	1158.00
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 7 OF 11
	<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

Full Name (Last, First, Middle Initial) A. Perry Fri		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 Transaction ID : C2328389
Mailing Address 406 Sugarland Meadow Drive		Amount of Each Receipt this Period 225.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	* Payroll Deduction: Semi-Monthly \$50

Full Name (Last, First, Middle Initial) B. Elizabeth Gallenagh		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 Transaction ID : C2328397
Mailing Address 6559 Old Carriage Lane		Amount of Each Receipt this Period 450.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	* Payroll Deduction: Semi-Monthly \$150

Full Name (Last, First, Middle Initial) C. John Gray		Date of Receipt MM / DD / YYYY 04 / 29 / 2013 Transaction ID : C2328400
Mailing Address 10746 Riverscape Run		Amount of Each Receipt this Period 624.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1672.00	* Payroll Deduction: Semi-Monthly \$208

SUBTOTAL of Receipts This Page (optional).....▶	1299.00
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 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
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 ▼ 1672.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : C2328416
 Amount of Each Receipt this Period
 624.00
 * 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 ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : C2328413
 Amount of Each Receipt this Period
 150.00
 * 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
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	774.00
TOTAL This Period (last page this line number only).....▶	3231.00

**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. AMERICA WORKS PAC

Mailing Address PO Box 76187
Suite 800

City Washington State DC Zip Code 20013

Purpose of Disbursement contribution to federal PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2013

Transaction ID : D144810

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NEXT CENTURY FUND

Mailing Address 116 S ROYAL STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement contribution to federal PAC

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 24 / 2013

Transaction ID : D144501

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement contribution to federal candidate

Candidate Name

Rep. Edward Whitfield

Office Sought: House Senate President
State: KY District: 01

Disbursement For: 2014 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2013

Transaction ID : D140362

Amount of Each Disbursement this Period

2000.00

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

5500.00

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)

Healthcare Distribution Management Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
contribution to federal candidate

Candidate Name

Rep. Eric Cantor

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	1	3

Transaction ID : D140516

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement
contribution to federal candidate

Candidate Name

Rep. Michael C. Burgess

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	3

Transaction ID : D143349

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. ROGERS FOR CONGRESS

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
contribution to federal candidate

Candidate Name

Rep. Mike Rogers

Office Sought: House
 Senate
 President
State: MI District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	3

Transaction ID : D140361

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

4	5	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

4	5	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Healthcare Distribution Management Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
contribution to federal candidate

Candidate Name

Rep. Ron Kind

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	24	/	2013

Transaction ID : D144763

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B.

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 Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement 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

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

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

2500.00

12500.00
