01/11/2002 11 : 27

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

Healthcare Distribution Management Association Political Action Committee

ADDRESS (number and street) ▼ 1275 K St. NW

Suite 1212

Check if different than previously reported. (ACC)

Washington | DC | 20005 –

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIPCODE ▲

C00247569

3. IS THIS REPORT — X 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)

X 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 (M13)

(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 **P**ost -Election Report for the: General (30G) — Runoff (30R) — Special (30S)

Election on _____ in the State of _____

5. Covering Period 07 01 2001 through 12 31 2001

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 Nancy Hanagan

Signature of Treasurer Electronically Filed by Nancy Hanagan Date 01 11 2002

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** (Revised 1/2001)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Revised 1/2001)

Write or Type Committee Name
Healthcare Distribution Management Association Political Action Committee

Report Covering the Period: From: 07 01 2001 To: 12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2001		19990.15
(b) Cash on Hand at Begining of Reporting Period	24629.10	
(c) Total Receipts (from Line 19)	4662.10	10554.65
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29291.20	30544.80
7. Total Disbursements (from Line 30)	1500.00	2753.60
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27791.20	27791.20
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 800-420-9530
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: 07 01 2001 To: 12 31 2001

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)	3968.52	
(ii) Unitemized	620.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	4588.52	9419.98
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) ▶	4588.52	9419.98
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts Dividends, Interest, etc.)	73.58	134.67
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	4662.10	10554.65
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	4662.10	10554.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/2001)

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	500.00	1253.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) ▶	500.00	1253.60
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	1500.00
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. Total Disbursements (add Lines 21(c), 22, 23,24,25,26,27,28(d),and 29) ▶	1500.00	2753.60
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	1500.00	2753.60
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3)	4588.52	9419.96
33. Total Contribution Refunds (from Line 28(d))	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	4588.52	9419.96
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	500.00	1253.60
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	500.00	1253.60

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 5 / 9

[X] 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)
Healthcare Distribution Management Association Political Action Committee

A.
Full Name (Last, First, Middle Initial): Diane Goyette
Mailing Address: 12004 Quarum Place
City: Bowie State: MD Zip Code: 20720
FEC ID number of contributing federal political committee.
Name of Employer: HDMA
Occupation: Dir. Regulatory Affairs
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 12 21 2001
Amount of Each Receipt this Period: 300.00
Payroll Deduction
Transaction ID: SA11A1.4161

B.
Full Name (Last, First, Middle Initial): Nancy Hanagan
Mailing Address: 1821 Michael Faraday Drive Suite 400
City: Reston State: VA Zip Code: 20190
FEC ID number of contributing federal political committee.
Name of Employer: HDMA
Occupation: Exec. VP & COO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 665.72
Date of Receipt: 09 26 2001
Amount of Each Receipt this Period: 334.26
Payroll Deduction
Transaction ID: SA11A1.4165

C.
Full Name (Last, First, Middle Initial): Nancy Hanagan
Mailing Address: 1821 Michael Faraday Drive Suite 400
City: Reston State: VA Zip Code: 20190
FEC ID number of contributing federal political committee.
Name of Employer: HDMA
Occupation: Exec. VP & COO
Receipt For: Primary General
Other (specify) ▼
Aggregate Year-to-Date ▼ 999.98
Date of Receipt: 12 21 2001
Amount of Each Receipt this Period: 334.26
Payroll Deduction
Transaction ID: SA11A1.4166

SUBTOTAL of Receipts This Page (optional) ..... ▶ **968.52**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 6 / 9

[X] 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)
Healthcare Distribution Management Association Political Action Committee

A.
Full Name (Last, First, Middle Initial): Cynthia LaConte
Mailing Address: N114 W18850 Clinton Dr.
City: Germantown State: WI Zip Code: 53022
FEC ID number of contributing federal political committee.
Name of Employer: DDN Obergfel
Occupation: President
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 750.00
Date of Receipt: 07 12 2001
Amount of Each Receipt this Period: 750.00
Transaction ID: SA11A1.4145

B.
Full Name (Last, First, Middle Initial): Ron Nelson
Mailing Address: 1702 Hampton Rd.
City: Texarkana State: TX Zip Code: 75503
FEC ID number of contributing federal political committee.
Name of Employer: Walsh Healthcare Solutions
Occupation: Chairman & CEO
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 12 17 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4151

C.
Full Name (Last, First, Middle Initial): Steve Shirley
Mailing Address: 8407 Austin Tracy Road
City: Fountain Run State: KY Zip Code: 42133
FEC ID number of contributing federal political committee.
Name of Employer: R & S Sales, Inc.
Occupation: President & Chairman
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 11 14 2001
Amount of Each Receipt this Period: 250.00
Transaction ID: SA11A1.4149

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) or each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) PAGE 7 / 9

[X] 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)
Healthcare Distribution Management Association Political Action Committee

A.
Full Name (Last, First, Middle Initial): Danny Van Dyke
Mailing Address: 5525 Peyton Randolph St.
City: Bartlett State: TN Zip Code: 38134
FEC ID number of contributing federal political committee.
Name of Employer: DDN Obergfel
Occupation: Dir. Operations
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 12 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4141

B.
Full Name (Last, First, Middle Initial): Timothy Vogel
Mailing Address: W159 N10479 Old Farm Road
City: Germantown State: WI Zip Code: 53022
FEC ID number of contributing federal political committee.
Name of Employer: DDN Obergfel
Occupation: Controller
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 12 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4139

C.
Full Name (Last, First, Middle Initial): William Von Rohr
Mailing Address: W1140 South Shore Drive
City: Palmyra State: WI Zip Code: 53156
FEC ID number of contributing federal political committee.
Name of Employer: DDN Obergfel
Occupation: Dir. Best Practices
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 07 12 2001
Amount of Each Receipt this Period: 500.00
Transaction ID: SA11A1.4143

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1500.00**

TOTAL This Period (last page this line number only) ..... ▶ **3968.52**

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)

[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25
[ ] 26 [ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29

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.

Full Name (Last, First, Middle Initial)
Bank Expenses

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: Primary General / Other (specify)

Date of Disbursement
12 31 2001

Amount of Each Disbursement this Period
500.00

Transaction ID: SB21B.4181

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**500.00**
TOTAL This Period (last page this line number only) ..... ▶	**500.00**

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)

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

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.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement
Fundraiser

Candidate Name
KOMPAC

Category/ Type

Office Sought: House / Senate / President

State: District:

Disbursement For: 2002
Primary X General
Other (specify) ▼

Date of Disbursement
07 06 2001

Amount of Each Disbursement this Period
1000.00

Transaction ID: SB23.4175

B.

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1000.00**
TOTAL This Period (last page this line number only) ..... ▶	**1000.00**