

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		47283.51
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	47603.32									
(c) Total Receipts (from Line 19)	9489.97	32809.78								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	57093.29	80093.29								
7. Total Disbursements (from Line 31)	12000.00	35000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45093.29	45093.29								
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**

Write or Type Committee Name

Healthcare Distribution Management Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	9411.67	22441.67
(ii) Unitemized	77.83	2363.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9489.50	24804.71
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	8000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9489.50	32804.71
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.)	0.47	5.07
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 Transfer (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))	9489.97	32809.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9489.97	32809.78

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.....	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.....	12000.00	35000.00
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. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	12000.00	35000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	35000.00

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)	9489.50	32804.71
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9489.50	32804.71
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: PAGE 6 / 13
(check only one)

<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. Full Name (Last, First, Middle Initial)
Lisa Auslander

Mailing Address 2412 N.Greenbrier Court

City State Zip Code
Arlington VA 22207

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

Name of Employer: Healthcare Distribution Management Ass
Occupation: Director, Membership Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 05 / 16 / 2011
Transaction ID: C1303660
Amount of Each Receipt this Period: 25.00
* Payroll Deduction: Semi-Monthly \$25

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

Mailing Address 8101 Kerry Lane

City State Zip Code
Chevy Chase MD 20815-4811

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

Name of Employer: Healthcare Distribution Management Ass
Occupation: Sr. VP, Finance & Administration and C

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.01

Date of Receipt: 05 / 16 / 2011
Transaction ID: C1303662
Amount of Each Receipt this Period: 166.67
* Payroll Deduction: Semi-Monthly \$166.67

C. Full Name (Last, First, Middle Initial)
Dawn Boyter

Mailing Address 119 State Ave

City State Zip Code
Glasgow KY 42141-1449

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

Name of Employer: Richie Pharmacal Co., LLC
Occupation: Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 16 / 2011
Transaction ID: C1303739
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1191.67

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 / 13
	<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.	Full Name (Last, First, Middle Initial) Maria Burns	Date of Receipt MM / DD / YYYY 05 / 18 / 2011
	Mailing Address 91 Catamount Dr	Transaction ID: C1303734
	City Milton State VT Zip Code 05468-3236	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Burlington Drug Company, Inc. Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2000.00	

B.	Full Name (Last, First, Middle Initial) Anita Ducca	Date of Receipt MM / DD / YYYY 05 / 16 / 2011
	Mailing Address 10508 Grove Ridge Place	Transaction ID: C1303666
	City Rockville State MD Zip Code 20852-4656	Amount of Each Receipt this Period 41.67
	FEC ID number of contributing federal political committee. C	
	Name of Employer Healthcare Distribution Management Ass Occupation Sr. Director, Reg Affairs & Healthcare Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 375.03	* Payroll Deduction: Semi-Monthly \$41.67

C.	Full Name (Last, First, Middle Initial) Dennis Engel	Date of Receipt MM / DD / YYYY 05 / 17 / 2011
	Mailing Address 7820 Palace Drive	Transaction ID: C1303736
	City Cincinnati State OH Zip Code 45249-1631	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer KeySource Medical, Inc. Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	3041.67
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: PAGE 8 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) Kristen Freitas</p> <p>Mailing Address 5904 N. 4th Street</p> <p>City State Zip Code Arlington VA 22203-1113</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Healthcare Distribution Management Ass</p> <p>Occupation Director, Federal Government Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 749.97</p>	<p>Date of Receipt 05 / 16 / 2011</p> <p>Transaction ID: C1303667</p> <p>Amount of Each Receipt this Period 83.33</p> <p>* Payroll Deduction: Semi-Monthly \$83.33</p>
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<p>B. Full Name (Last, First, Middle Initial) Perry Fri</p> <p>Mailing Address 406 Sugarland Meadow Drive</p> <p>City State Zip Code Herndon VA 20170-5342</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Healthcare Distribution Management Ass</p> <p>Occupation Sr. VP, Industry Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 450.00</p>	<p>Date of Receipt 05 / 16 / 2011</p> <p>Transaction ID: C1303668</p> <p>Amount of Each Receipt this Period 50.00</p> <p>* Payroll Deduction: Semi-Monthly \$50</p>
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<p>C. Full Name (Last, First, Middle Initial) Elizabeth Gallenagh</p> <p>Mailing Address 6559 Old Carriage Lane</p> <p>City State Zip Code Alexandria VA 22315-5033</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Healthcare Distribution Management Ass</p> <p>Occupation Sr. Director, State Gov't Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 405.00</p>	<p>Date of Receipt 05 / 16 / 2011</p> <p>Transaction ID: C1303669</p> <p>Amount of Each Receipt this Period 45.00</p> <p>* Payroll Deduction: Semi-Monthly \$45</p>
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SUBTOTAL of Receipts This Page (optional)	178.33
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: PAGE 9 / 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A.

Full Name (Last, First, Middle Initial)
John Gray

Mailing Address 10746 Riverscape Run

City State Zip Code
Great Falls VA 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 ▼
1880.00

Date of Receipt: 05 / 16 / 2011
Transaction ID: C1303670
 Amount of Each Receipt this Period: 208.00
 * Payroll Deduction: Semi-Monthly \$208

B.

Full Name (Last, First, Middle Initial)
Patrick Kelly

Mailing Address 5900 Madawaska Road

City State Zip Code
Bethesda MD 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 ▼
1745.00

Date of Receipt: 05 / 16 / 2011
Transaction ID: C1303672
 Amount of Each Receipt this Period: 217.00
 * Payroll Deduction: Semi-Monthly \$217

C.

Full Name (Last, First, Middle Initial)
Sam Lazich

Mailing Address 810 Busse Hwy

City State Zip Code
Park Ridge IL 60068-2302

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

Name of Employer: DMS Pharmaceutical Group, Inc.
Occupation: President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt: 05 / 16 / 2011
Transaction ID: C1303741
 Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ► **2425.00**

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: PAGE 10 / 13

(check only one)

<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.

Full Name (Last, First, Middle Initial)

Tirza Lofgreen

Mailing Address 5597 Seminary Road
#1303

City State Zip Code
Falls Church VA 22041

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

Name of Employer Occupation
Healthcare Distribution Management Ass Director, Education

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 6 / 2 0 1 1

Transaction ID: C1303674

Amount of Each Receipt this Period

25.00

* Payroll Deduction: Semi-Monthly \$25

B.

Full Name (Last, First, Middle Initial)

David Moody

Mailing Address PO Box 411

City State Zip Code
Durham NC 27702-0411

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

Name of Employer Occupation
N.C. Mutual Wholesale Drug Co. Chief Executive Officer

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 3 / 2 0 1 1

Transaction ID: C1303743

Amount of Each Receipt this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Albert Paonessa

Mailing Address 2915 Weston Rd

City State Zip Code
Weston FL 33331-3627

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

Name of Employer Occupation
Anda, Inc. Executive Vice President & COO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 3 1 / 2 0 1 1

Transaction ID: C1303732

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) ▶

2525.00

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:		PAGE 11 / 13	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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.	Full Name (Last, First, Middle Initial) Karen Ribler		Date of Receipt																					
	Mailing Address 5822 Nevada Avenue, NW		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	6		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	6		2	0	1	1														
	City	State	Zip Code		Transaction ID: C1303675																			
	Washington	DC	20015-2548																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Healthcare Distribution Management Ass		Occupation Executive VP		<input type="text" value="50.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>		* Payroll Deduction: Semi-Monthly \$50																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="50.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="9411.67"/>

**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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF ERIK PAULSEN Mailing Address P.O. Box 44369 City Eden Prairie State MN Zip Code 55344 Purpose of Disbursement Contribution to federal candidate Candidate Name Rep. Erik Paulsen Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116032 Date of Disbursement 05 / 04 / 2011 Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) MICHAEL BURGESS FOR CONGRESS Mailing Address PO Box 2334 City Denton State TX Zip Code 76202 Purpose of Disbursement Contribution for federal candidate Candidate Name Rep. Michael C. Burgess Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116033 Date of Disbursement 05 / 11 / 2011 Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) MIKE ROSS FOR CONGRESS COMMITTEE Mailing Address PO Box 360 City Prescott State AR Zip Code 71857 Purpose of Disbursement contribution to federal candidate Candidate Name Rep. Mike Ross Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D116882 Date of Disbursement 05 / 25 / 2011 Amount of Each Disbursement this Period 2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: WI District: 03

Transaction ID: D116881

Date of Disbursement

05 / 25 / 2011

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Senate Moderate Democrats

Mailing Address 426 C Street, Ne

City Washington State DC Zip Code 20002

Purpose of Disbursement contribution to a pac

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: D116883

Date of Disbursement

05 / 04 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

12000.00