

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 10

(check only one)

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

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NAME OF COMMITTEE (In Full)

HEALTHCARE DISTRIBUTION ALLIANCE POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GALLENAGH, ELIZABETH, , ,

Mailing Address 1700 Mason Hill Drive

City
Alexandria

State
VA

Zip Code
22307-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HDA

Occupation (for Individual)
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 31 / 2020

Transaction ID : PR431096722747

Amount of Each Receipt this Period

300.00

☐ Memo Item

P/R Deduction (\$150.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BITTMAN, ANN, , Ms.,

Mailing Address 8125 Kerry Lane

City
Chevy Chase

State
MD

Zip Code
20815-4811

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HDA

Occupation (for Individual)
Executive Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2088.00

Date of Receipt

05 / 31 / 2020

Transaction ID : PR431104122747

Amount of Each Receipt this Period

416.00

☐ Memo Item

P/R Deduction (\$208.00 Semi-Monthly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DUCCA, ANITA, , ,

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 (for Individual)
HDA

Occupation (for Individual)
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

530.00

Date of Receipt

05 / 31 / 2020

Transaction ID : PR431114122747

Amount of Each Receipt this Period

106.00

☐ Memo Item

P/R Deduction (\$53.00 Semi-Monthly)

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

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

822.00