

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) 901 North Glebe Road Suite 1000 Arlington VA 22203 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00247569 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 08 01 2010 through 08 31 2010

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 Ann W. Bittman

Signature of Treasurer Electronically Filed by Ann W. Bittman Date 09 17 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**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	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		61310.41
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	55617.42									
(c) Total Receipts (from Line 19) .....	10358.26	54817.62								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	65975.68	116128.03								
7. Total Disbursements (from Line 31) .....	1000.00	51152.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	64975.68	64975.68								
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) .....	5245.26	39130.90
(ii) Unitemized .....	111.00	2670.18
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5356.26	41801.08
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5000.00	13000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	10356.26	54801.08
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.) .....	2.00	16.54
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)) .....	10358.26	54817.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10358.26	54817.62

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	152.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	152.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	51000.00
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))..	1000.00	51152.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	51152.35

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	10356.26	54801.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10356.26	54801.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	152.35
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	152.35

# 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 / 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Paul Julian		Date of Receipt	
	Mailing Address One Post Street 37th Floor		M M / D D / Y Y Y Y Y 08 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 6220574
	San Francisco	CA	94104-5248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		2500.00	
	Name of Employer McKesson Corporation		Occupation Executive Vice President and Group Pre	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Richard Gatton		Date of Receipt	
	Mailing Address 120 Research Drive		M M / D D / Y Y Y Y Y 08 / 10 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 6220575
	Columbia	SC	29203-9389	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		1000.00	
	Name of Employer BDI Pharma, Inc.		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Anita Ducca		Date of Receipt	
	Mailing Address 10508 Grove Ridge Place		M M / D D / Y Y Y Y Y 08 / 31 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> PR22569604949
	Rockville	MD	20852-4656	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. <b>C</b>		50.00	
	Name of Employer HDMA		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 ▼ 400.00		

P/R Deduction (\$25.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3550.00</b>
<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: PAGE 7 / 12  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Scott Melville</p> <p>Mailing Address 1596 Lupine Den Ct</p> <p>City State Zip Code Vienna VA 22182-2165</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer HDMA Occupation Sr. VP, Govt. Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">3336.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 31 / 2010</span></p> <p><b>Transaction ID:</b> PR22569634949</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">416.00</span></p> <p>P/R Deduction (\$208.00 Se- mi-Monthly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) John Gray</p> <p>Mailing Address 10746 Riverscape Run</p> <p>City State Zip Code Great Falls VA 22066-3333</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer HDMA Occupation President &amp; CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">3336.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 31 / 2010</span></p> <p><b>Transaction ID:</b> PR22569644949</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">416.00</span></p> <p>P/R Deduction (\$208.00 Se- mi-Monthly)</p>
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<p><b>C.</b> 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. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer HDMA 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 ▼ <span style="border: 1px solid black; padding: 2px;">1283.30</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">08 / 31 / 2010</span></p> <p><b>Transaction ID:</b> PR22569684949</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">166.66</span></p> <p>P/R Deduction (\$83.33 Sem- i-Monthly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">998.66</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 12  
(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)  
Daniel Bellingham

Mailing Address 15220 Philip Lee Road

City Chantilly State VA Zip Code 20151-1309

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

Name of Employer HDMA Occupation Associate Director, State Gov't Affair

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 332.80

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR22569694949

Amount of Each Receipt this Period 41.60

P/R Deduction (\$20.80 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Perry Fri

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 HDMA Occupation Sr. VP, Industry Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR22569714949

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Elizabeth Gallenagh

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 HDMA Occupation Sr. Director, State Gov't Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR22569724949

Amount of Each Receipt this Period 90.00

P/R Deduction (\$45.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 231.60

**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 / 12  
(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 Niemann

Mailing Address 3454 Stafford Drive

City Arlington State VA Zip Code 22206-1918

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

Name of Employer HDMA Occupation Director, Education

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR22569834949

Amount of Each Receipt this Period 50.00

P/R Deduction (\$25.00 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Marjorie D. DePuy

Mailing Address 3010 Wisconsin Avenue, NW #302

City Washington State DC Zip Code 20016-5051

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

Name of Employer HDMA Occupation Director, I/R

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.98

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR22569944949

Amount of Each Receipt this Period 25.00

P/R Deduction (\$12.50 Semi-Monthly)

**C.**

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

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 HDMA Center Occupation Executive VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2010

**Transaction ID:** PR22569994949

Amount of Each Receipt this Period 100.00

P/R Deduction (\$50.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

**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 / 12
	(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) Anne E. Johnson		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 12710 FRANKLIN FARM ROAD		<b>Transaction ID:</b> PR28212884949
City OAK HILL	State VA	Zip Code 20171-1913
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer HDMA	Occupation Manager, Executive Office	P/R Deduction (\$20.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

**B.**

Full Name (Last, First, Middle Initial) Ann Bittman		Date of Receipt MM / DD / YYYY 08 / 31 / 2010
Mailing Address 8101 Kerry Lane		<b>Transaction ID:</b> PR29269934949
City Chevy Chase	State MD	Zip Code 20815-4811
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer HDMA	Occupation Sr. VP, Finance & Administration and C	P/R Deduction (\$125.00 Semi-Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1850.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	290.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	5245.26

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 11 / 12	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

<b>A.</b>	Full Name (Last, First, Middle Initial) US Oncology Inc. Good Government Committee		Date of Receipt	
	Mailing Address 10101 Woodloch Forest Drive		M M / D D / Y Y Y Y 08 / 24 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> 6233639
	The Woodlands	TX	77380	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C C00339655		5000.00		
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	5000.00

**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)

PAGE 12 / 12

<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)

Texans For Senator John Cornyn Inc

Transaction ID: 6123822

Date of Disbursement

Mailing Address PO Box 13026  
Suite 180

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	1	0

City Austin State TX Zip Code 78711

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011
Category/ Type

Candidate Name  
Sen. John Cornyn

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District:

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

1000.00
---------

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

1000.00
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