

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
HEALTHCARE DISTRIBUTION MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT 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)
 January 31 Year-End 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 (YE)
(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 POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Ms. Ann W. Bittman

Signature of Treasurer Ms. Ann W. Bittman [Electronically Filed] Date / /

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

**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="2015"/>		43777.46
(b) Cash on Hand at Beginning of Reporting Period.....	44824.46	
(c) Total Receipts (from Line 19)	7523.50	52070.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	52347.96	95847.96
7. Total Disbursements (from Line 31).....	9500.00	53000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	42847.96	42847.96
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: / / 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).....	7404.00	35188.00
(ii) Unitemized	119.50	1882.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7523.50	37070.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	7523.50	52070.50
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))..... ▶	7523.50	52070.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7523.50	52070.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	8500.00	52000.00
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	1000.00	1000.00
(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)).....	1000.00	1000.00
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)) ..	9500.00	53000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9500.00	53000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	7523.50	52070.50
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6523.50	51070.50
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 OF 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

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

Mailing Address 3225 Devonshire Way

City State Zip Code
 Germantown TN 38139-8052

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

Name of Employer Occupation
 TOP RX, INC. President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2015
Transaction ID : 9825463

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Mrs. Maria M. Burns

Mailing Address 91 Catamount Dr

City State Zip Code
 Milton VT 05468-3236

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

Name of Employer Occupation
 Burlington Drug Company, Inc. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2015
Transaction ID : 9825716

Amount of Each Receipt this Period
 3000.00

Full Name (Last, First, Middle Initial)
C. Mr. Greg Drew

Mailing Address One Golf View Dr

City State Zip Code
 Altoona PA 16601-9311

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

Name of Employer Occupation
 Value Drug Company President

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
 05 / 20 / 2015
Transaction ID : 9825723

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4100.00

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 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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. Mr. Lenny Rodriguez
Full Name (Last, First, Middle Initial)

Mailing Address 1270 Windsor Parkway NE

City Brookhaven State GA Zip Code 30319-2651

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

Name of Employer Attain Med, Inc. Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 05 / 21 / 2015
Transaction ID : 9825726

Amount of Each Receipt this Period 1000.00

B. Mr. Lenny Rodriguez
Full Name (Last, First, Middle Initial)

Mailing Address 1270 Windsor Parkway NE

City Brookhaven State GA Zip Code 30319-2651

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

Name of Employer Attain Med, Inc. Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 05 / 21 / 2015
Transaction ID : 9829462

Amount of Each Receipt this Period 0.00

[MEMO ITEM]
Refund(s) on Schedule B Totaling \$1000.00 This changes the YTD Total to \$1200.00

C. Mr. PERRY FRI
Full Name (Last, First, Middle Initial)

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 Healthcare Distribution Management Ass Occupation Sr. VP, Industry Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR431096411940

Amount of Each Receipt this Period 250.00

P/R Deduction (\$125.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶ 1250.00

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 8 OF 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. ELIZABETH GALLENAGH
 Full Name (Last, First, Middle Initial)
 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 Healthcare Distribution Management Ass Occupation VP, Government Affairs & General Couns
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR431096711940
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$150.00 Semi-Monthly)

B. Ms. ANN BITTMAN
 Full Name (Last, First, Middle Initial)
 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 ▼ 2088.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR431104111940
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$208.00 Semi-Monthly)

C. ANITA DUCCA
 Full Name (Last, First, Middle Initial)
 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 ▼ 530.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR431114111940
 Amount of Each Receipt this Period 106.00
 P/R Deduction (\$53.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 822.00
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 9 OF 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. Ms. KRISTEN FREITAS
 Full Name (Last, First, Middle Initial)
 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 ▼ 1250.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR431135011940
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$125.00 Semi-Monthly)

B. Ms. MARJORIE DEPUY
 Full Name (Last, First, Middle Initial)
 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 Healthcare Distribution Management Ass Occupation Senior Director, I/R
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR431228511940
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Semi-Monthly)

C. PATRICK KELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5900 Madawaska Road
 City Bethesda State MD Zip Code 20816-2340
 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 ▼ 2088.00

Date of Receipt 05 / 31 / 2015
Transaction ID : PR431266911940
 Amount of Each Receipt this Period 416.00
 P/R Deduction (\$208.00 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 716.00
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 OF 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. Mr. JOHN GRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 10746 Riverscape Run
 City State Zip Code
 Great Falls VA 22066-3333
 Date of Receipt: 05 / 31 / 2015
Transaction ID : PR431315611940
 Amount of Each Receipt this Period: 416.00
 P/R Deduction (\$208.00 Semi-Monthly)
 Name of Employer: Healthcare Distribution Management Ass
 Occupation: President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 2088.00

B. Ms. KAREN RIBLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5822 Nevada Avenue, NW
 City State Zip Code
 Washington DC 20015-2548
 Date of Receipt: 05 / 31 / 2015
Transaction ID : PR431359211940
 Amount of Each Receipt this Period: 100.00
 P/R Deduction (\$50.00 Semi-Monthly)
 Name of Employer: Healthcare Distribution Management Ass
 Occupation: Executive VP & COO, The Center
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date: 500.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 Date of Receipt: / /
 Amount of Each Receipt this Period:
 Name of Employer
 Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date:

SUBTOTAL of Receipts This Page (optional).....▶	516.00
TOTAL This Period (last page this line number only).....▶	7404.00

**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. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
Contributions to Federal Candidate

011

Candidate Name

Sen. Patty Murray

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: WA District:

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2015

Transaction ID : 9816864

Amount of Each Disbursement this Period

2500.00

Contributions to Federal Candidate

Full Name (Last, First, Middle Initial)

B. WHITEHOUSE FOR SENATE

Mailing Address P.O. BOX 40280

City PROVIDENCE State RI Zip Code 02940

Purpose of Disbursement

011

Candidate Name

Sen. Sheldon Whitehouse

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: RI District:

Date of Disbursement

MM / DD / YYYY
05 / 20 / 2015

Transaction ID : 9820658

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. STABENOW FOR US SENATE

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement
Contributions to Federal Candidate

011

Candidate Name

Sen. Debbie Stabenow

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2015

Transaction ID : 9825512

Amount of Each Disbursement this Period

1000.00

Contributions to Federal Candidate

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

6000.00

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. GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement
Contributions to Federal Candidate

Candidate Name
Sen. Charles E. Grassley

Office Sought: House Senate President
 Disbursement For: 2016 Primary General Other (specify) ▼
 State: IA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		14		2015

Transaction ID : 9828847

Amount of Each Disbursement this Period

2500.00

Contributions to Federal Candidate

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

--

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

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

2500.00

8500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Mr. Lenny Rodriguez

Mailing Address 1270 Windsor Parkway NE

City Brookhaven State GA Zip Code 30319-2651

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : 9825757

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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