

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. 12FE4M5 HEALTHCARE DISTRIBUTION AILLIANCE POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 901 N. GLEBE ROAD SUITE 1000 ARLINGTON VA 22203 Check if different than previously reported. (ACC)

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

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) X 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 M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 / 01 / 2016 through 04 / 30 / 2016

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 06 / 07 / 2016

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)

Page 2

Write or Type Committee Name

**HEALTHCARE DISTRIBUTION ALLIANCE 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="2016"/>		<input type="text" value="34202.46"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="67344.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4869.75"/>	<input type="text" value="60011.50"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="72213.96"/>	<input type="text" value="94213.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11500.00"/>	<input type="text" value="33500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="60713.96"/>	<input type="text" value="60713.96"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**HEALTHCARE DISTRIBUTION ALLIANCE 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).....	4571.00	38524.00
(ii) Unitemized .....	298.75	1487.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4869.75	40011.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4869.75	60011.50
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))..... ▶	4869.75	60011.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4869.75	60011.50

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	11500.00	33500.00
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 .....	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) 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)) ..	11500.00	33500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	33500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	4869.75	60011.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4869.75	60011.50
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA  
Transaction ID :

Amended April FEC monthly return cash on hand beginning of period

Form/Schedule:  
Transaction ID:

**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

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 ALLIANCE POLITICAL ACTION COMMITTEE**

**A. Mary Tim Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1793 Old Mulkey Road  
 City Tompkinsville State KY Zip Code 42167-7515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer R&S Northeast LLC Occupation Executive VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 25 / 2016  
**Transaction ID : 10611577**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Ms. Dawn Boyter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 State Ave  
 City Glasgow State KY Zip Code 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 04 / 04 / 2016  
**Transaction ID : 10616951**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**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 HDMA Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR431096413444**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 P/R Deduction (\$125.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1475.00  
**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 8 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HEALTHCARE DISTRIBUTION ALLIANCE 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 HDMA Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR431096713444**  
 Amount of Each Receipt this Period 450.00  
 Memo Item  
 P/R Deduction (\$150.00 Semi-Monthly)

**B. Ms. ANN BITTMAN**  
 Full Name (Last, First, Middle Initial)  
 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 HDMA Occupation Executive Vice President & COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1672.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR431104113444**  
 Amount of Each Receipt this Period 624.00  
 Memo Item  
 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 HDMA Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 424.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR431114113444**  
 Amount of Each Receipt this Period 159.00  
 Memo Item  
 P/R Deduction (\$53.00 Semi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1233.00
<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: (check only one)	PAGE 9 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**HEALTHCARE DISTRIBUTION ALLIANCE POLITICAL ACTION COMMITTEE**

**A. Ms. KRISTEN FREITAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 705 South Wakefield Street  
 City Arlington State VA Zip Code 22204-1452  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HDMA Occupation Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1000.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR431135013444**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 P/R Deduction (\$125.00 Semi-Monthly)

**B. 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 HDMA Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1672.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR431266913444**  
 Amount of Each Receipt this Period 624.00  
 Memo Item  
 P/R Deduction (\$208.00 Semi-Monthly)

**C. Mr. JOHN GRAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10746 Riverscape Run  
 City Great Falls State VA Zip Code 22066-3333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HDMA Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1672.00

Date of Receipt 04 / 30 / 2016  
**Transaction ID : PR431315613444**  
 Amount of Each Receipt this Period 624.00  
 Memo Item  
 P/R Deduction (\$208.00 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional)..... 1623.00  
**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)

<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 ALLIANCE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Ms. KAREN 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 Occupation  
HDMA / Center Executive Vice President & COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2016

**Transaction ID : PR431359213444**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Full Name (Last, First, Middle Initial)  
**B. Mr. GARY L. RIDDLE**

Mailing Address 7 Willway Ave.

City Richmond State VA Zip Code 23226-1333

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

Name of Employer Occupation  
HDMA Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2016

**Transaction ID : PR470079513444**

Amount of Each Receipt this Period  
90.00

Memo Item

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

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4571.00

**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 ALLIANCE POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. BOB CASEY FOR SENATE INC**

Mailing Address 700 13TH STREET NW SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
contributions to a federal candidate

011

Candidate Name

**Sen. Bob Casey**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	1	6		

**Transaction ID : 10360033**

Amount of Each Disbursement this Period

2	5	0	0	0	0
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Memo Item  
contributions to a federal candidate

Full Name (Last, First, Middle Initial)

**B. MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
contributions to a federal candidate

011

Candidate Name

**Rep. Mike Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	7			2	0	1	6		

**Transaction ID : 10589080**

Amount of Each Disbursement this Period

1	0	0	0	0	0
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Memo Item  
contributions to a federal candidate

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF ERIK PAULSEN**

Mailing Address PO Box 44369

City Eden Prairie State MN Zip Code 55344-1369

Purpose of Disbursement  
contributions to a federal candidate

011

Candidate Name

**Rep. Erik Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	1	6		

**Transaction ID : 10592973**

Amount of Each Disbursement this Period

1	0	0	0	0	0
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Memo Item  
contributions to a federal candidate

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

4	5	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	5	0	0	0	0
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**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 ALLIANCE 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 a federal candidate

011

Candidate Name

**Sen. Charles E. Grassley**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

**Transaction ID : 10612107**

Amount of Each Disbursement this Period

500.00

Memo Item contributions to a federal candidate

Full Name (Last, First, Middle Initial)

**B. GRASSLEY COMMITTEE INC**

Mailing Address PO BOX 1000

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement contributions to a federal candidate

011

Candidate Name

**Sen. Charles E. Grassley**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY  
04 / 25 / 2016

**Transaction ID : 9947882**

Amount of Each Disbursement this Period

2000.00

Memo Item contributions to a federal candidate

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

11500.00