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## Contact Information

<b>Name:</b>	HEALTHCARE DISTRIBUTION ALLIANCE C/O MULTISTATE ASSOCIATES INC.	<b>Phone:</b>	7036841110
<b>Email:</b>	ccastro@multistate.us	<b>Address:</b>	515 King Street, Suite 300 Alexandria, VA 22314

## Reported Compensation:

Date	Type	Value	Paid To
May 07, 2020	Fee	\$3,000.00	LENETTE FORRY-MENARD, ATTORNEY AT LAW

## Reported Expenditures:

Date	Amount	Beneficiary	Paid To	Reason	On Behalf Of
No Expenditures reported.					

## Reported Anything of Value:

Date	Type	Value	Paid To	Beneficiary	Title	Office	Location
No Anything Of Value reported.							

## Reported Contributions:

Date	Amount	Paid To	Beneficiary	Office	Contribution Type
No Contributions reported.					

## Reported Subjects:

No subjects reported.
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## Reported Bills:

No bills reported.
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Reported Public Bodies:

No public\_bodies reported.

Reported Executive Officials:

No executive\_officials reported.