

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.
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

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 Jonathan Heafitz

Signature of Treasurer Jonathan Heafitz [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)

Page 2

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

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="2011"/>	<input type="text" value="13220.72"/>	<input type="text" value="13220.72"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13720.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7433.82"/>	<input type="text" value="42433.82"/>
(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="21154.54"/>	<input type="text" value="55654.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6250.00"/>	<input type="text" value="40750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="14904.54"/>	<input type="text" value="14904.54"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

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).....	6433.82	11433.82
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6433.82	11433.82
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	30000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6433.82	41433.82
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.....	1000.00	1000.00
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))..... ▶	7433.82	42433.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7433.82	42433.82

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.....	6250.00	40750.00
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)) ..	6250.00	40750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6250.00	40750.00

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)	6433.82	41433.82
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6433.82	41433.82
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: (check only one)	PAGE 6 OF 10
	<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	

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)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Full Name (Last, First, Middle Initial) A. Kristin Bass		Date of Receipt
Mailing Address 812 N. Jackson Street		M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2011
City	State	Zip Code
Arlington	VA	22201
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.4922
Name of Employer Pharmaceutical Care Mgmt Assoc		Amount of Each Receipt this Period
Occupation Senior VP		3269.27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	3269.27	

Full Name (Last, First, Middle Initial) B. Tim Brogan		Date of Receipt
Mailing Address 2804 9th Street S		M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2011
City	State	Zip Code
Arlington	VA	22204
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.4924
Name of Employer PCMA		Amount of Each Receipt this Period
Occupation Policy Analyst		680.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	680.00	

Full Name (Last, First, Middle Initial) C. Jonathan Heafitz		Date of Receipt
Mailing Address 2704 Emmet Road		M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2011
City	State	Zip Code
Silver Spring	MD	20902
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.4925
Name of Employer PCMA		Amount of Each Receipt this Period
Occupation Director, Federal Affairs		255.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	255.00	

SUBTOTAL of Receipts This Page (optional).....▶	4204.27
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 10
	<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)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Full Name (Last, First, Middle Initial) A. Barbara Levy		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>22</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		22		2011
M M	/	D D	/	Y Y Y Y								
09		22		2011								
Mailing Address 522 N.Alfred Street		Transaction ID : SA11AI.4927										
City Alexandria	State VA	Zip Code 22314										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 340.00											
Name of Employer PCMA	Occupation Assist VP State Affairs and GC											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00											

Full Name (Last, First, Middle Initial) B. Brian McCarthy		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>22</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		22		2011
M M	/	D D	/	Y Y Y Y								
09		22		2011								
Mailing Address 1922 37th Street		Transaction ID : SA11AI.4928										
City Washington	State DC	Zip Code 20007										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 255.00											
Name of Employer PCMA	Occupation Assist VP											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00											

Full Name (Last, First, Middle Initial) C. Jerry Steffl		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>22</td> <td></td> <td>2011</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	09		22		2011
M M	/	D D	/	Y Y Y Y								
09		22		2011								
Mailing Address 1220 N Nash Street #1142		Transaction ID : SA11AI.4932										
City Arlington	State VA	Zip Code 22209										
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1634.55											
Name of Employer PCMA	Occupation VP Federal Affairs											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1634.55											

SUBTOTAL of Receipts This Page (optional).....▶	2229.55
TOTAL This Period (last page this line number only).....▶	6433.82

**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 10
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Full Name (Last, First, Middle Initial)
A. SCOTT BROWN FOR US SENATE COMMITTEE INC

Mailing Address P.O. BOX 395

City State Zip Code
 WRENTHAM MA 02903

FEC ID number of contributing federal political committee. **C** C00467233

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2011

Transaction ID : SA16.4933

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
B.

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

**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)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Full Name (Last, First, Middle Initial)

A. ANTHONY J BARR

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2011

Mailing Address 142 OVERLAND PASS
PO BOX 498

Transaction ID : SB23.4917

City CLAYSBURG State PA Zip Code 16625

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement

Category/ Type

Candidate Name

ANDY BARR FOR CONGRESS, INC.

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY District: 06	

Full Name (Last, First, Middle Initial)

B. SCOTT P BROWN

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2011

Mailing Address 70 HAYDEN WOODS

Transaction ID : SB23.4911

City WRENTHAM State MA Zip Code 02093

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

Category/ Type

Candidate Name

SCOTT BROWN FOR US SENATE COMMITTEE INC

Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MA District: 00	

Full Name (Last, First, Middle Initial)

C. MITCH MCCONNELL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Mailing Address 2318 DUNDEE ROAD

Transaction ID : SB23.4914

City LOUISVILLE State KY Zip Code 40205

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

Category/ Type

Candidate Name

MCCONNELL SENATE COMMITTEE '14

Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY District: 00	

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

2750.00

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

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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)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Full Name (Last, First, Middle Initial)

A. MIKE REP. MCINTYRE

Mailing Address 1701 NORTH CHESTNUT ST.

City LUMBERTON State NC Zip Code 28358

Purpose of Disbursement

Candidate Name
MCINTYRE FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TX District: 17

Date of Disbursement

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

Transaction ID : SB23.4908

Amount of Each Disbursement this Period

5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

B. FRANK JR PALLONE

Mailing Address 1187 OCEAN AVENUE

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name
PALLONE FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

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

Transaction ID : SB23.4903

Amount of Each Disbursement this Period

2	5	0	.	0	0
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Full Name (Last, First, Middle Initial)

C. STEVE MR. SCALISE

Mailing Address 234 JEFFERSON HEIGHTS AVE.

City JEFFERSON State LA Zip Code 70121

Purpose of Disbursement

Candidate Name
SCALISE FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: LA District: 01

Date of Disbursement

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

Transaction ID : SB23.4900

Amount of Each Disbursement this Period

5	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	5	0	.	0	0
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6	2	5	.	0	0
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