

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 PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

ADDRESS (number and street) 325 7TH ST NW WASHINGTON DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00388819 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, 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, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 11/06/2018

5. Covering Period 10/18/2018 through 11/26/2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Heafitz, Jonathan, , ,

Type or Print Name of Treasurer

Signature of Treasurer Heafitz, Jonathan, , , [Electronically Filed] Date 12/05/2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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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="2018"/>	<input type="text" value="15239.52"/>	<input type="text" value="15239.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16132.14"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5000.00"/>	<input type="text" value="51592.62"/>
(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="21132.14"/>	<input type="text" value="66832.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9250.00"/>	<input type="text" value="54950.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11882.14"/>	<input type="text" value="11882.14"/>
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. 05/2016)

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 18 / 2018 To: M M / D D / Y Y Y Y 11 / 26 / 2018

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).....	0.00	19302.62
(ii) Unitemized .....	0.00	1290.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	20592.62
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	31000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5000.00	51592.62
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)).....▶	5000.00	51592.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5000.00	51592.62

**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.....	9250.00	54950.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	9250.00	54950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9250.00	54950.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5000.00	51592.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5000.00	51592.62
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 9
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. HUMANA INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt
Mailing Address 975 F STREET, NW SUITE 550		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2018"/>
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00271007"/>		Transaction ID : SA11C.5852
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
		<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/>	<input type="checkbox"/> Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer (for Individual)		Occupation (for Individual)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text"/>	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<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. 4 MA PAC**

Mailing Address PO BOX 590-464

City NEWTON State MA Zip Code 02459

Purpose of Disbursement

Candidate Name  
**KENNEDY, JOSEPH P III, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

/  /

FEC Identification Number

**C** H2MA04073

**Transaction ID : SB23.5867**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. BERA FOR CONGRESS**

Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement

Candidate Name  
**BERA, AMERISH, , ,**

Office Sought:  House  Senate  President  
Disbursement For:  
 Primary  General  
 Other (specify)

State: CA District: 07

Date of Disbursement

/  /

FEC Identification Number

**C** C00461061

**Transaction ID : SB23.5872**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. ELECTING MAJORITY MAKING EFFECTIVE REPUBLICANS**

Mailing Address PO BOX 183

City ANOKA State MN Zip Code 55303

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00592089

**Transaction ID : SB23.5860**

Amount of Each Disbursement this Period

Memo Item

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

**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"/> 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. KIND FOR CONGRESS COMMITTEE**

Date of Disbursement

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

Mailing Address 205 5TH AVENUE S  
ROOM 411

City  
LA CROSSE

State  
WI

Zip Code  
54601

Purpose of Disbursement

FEC Identification Number

**C** C00312017

Transaction ID : SB23.5870

Amount of Each Disbursement this Period

500.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Memo Item

Full Name (Last, First, Middle Initial)

**B. KURT SCHRADER FOR CONGRESS**

Date of Disbursement

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

Mailing Address PO BOX 3314

City  
OREGON CITY

State  
OR

Zip Code  
97045

Purpose of Disbursement

FEC Identification Number

**C** C00446906

Transaction ID : SB23.5885

Amount of Each Disbursement this Period

1000.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: OR District: 05

Memo Item

Full Name (Last, First, Middle Initial)

**C. MIKIE SHERRILL FOR CONGRESS**

Date of Disbursement

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

Mailing Address P.O. BOX 43032

City  
MONTCLAIR

State  
NJ

Zip Code  
07043

Purpose of Disbursement

FEC Identification Number

**C** C00640003

Transaction ID : SB23.5875

Amount of Each Disbursement this Period

1000.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NJ District: 11

Memo Item

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

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

2500.00



**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"/> 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) <b>A. PAUL DAVIS FOR KANSAS</b>			Date of Disbursement MM / DD / YYYY 10 / 24 / 2018	
Mailing Address PO BOX 944			FEC Identification Number C 00653121 <b>Transaction ID : SB23.5879</b> Amount of Each Disbursement this Period 1500.00	
City LAWRENCE	State KS	Zip Code 66044	Memo Item <input type="checkbox"/>	
Purpose of Disbursement		Category/Type		
Candidate Name DAVIS, PAUL T., , ,				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: KS District: 02				

Full Name (Last, First, Middle Initial) <b>B. STEPHANIE MURPHY FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY 10 / 24 / 2018	
Mailing Address PO BOX 205			FEC Identification Number C 00620443 <b>Transaction ID : SB23.5882</b> Amount of Each Disbursement this Period 750.00	
City WINTER PARK	State FL	Zip Code 32790	Memo Item <input type="checkbox"/>	
Purpose of Disbursement		Category/Type		
Candidate Name MURPHY, STEPHANIE, , ,				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL District: 07				

Full Name (Last, First, Middle Initial) <b>C. YOUR VOICE COUNTS</b>			Date of Disbursement MM / DD / YYYY 10 / 24 / 2018	
Mailing Address PO BOX 97275			FEC Identification Number C H2NC11080 <b>Transaction ID : SB23.5863</b> Amount of Each Disbursement this Period 1500.00	
City RALEIGH	State NC	Zip Code 27624	Memo Item <input type="checkbox"/>	
Purpose of Disbursement		Category/Type		
Candidate Name MEADOWS, MARK R., , ,				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
State: NC District: 11				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9250.00