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### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) 601 PENNSYLVANIA AVENUE NW STE 740 ADDRESS (number and street) Check if different than previously WASHINGTON DC 20004 reported. (ACC) **FEC IDENTIFICATION NUMBER STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00388819 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2011 06 30 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jonathan Heafitz Type or Print Name of Treasurer Electronically Filed by Jonathan Heafitz 07 13 2011 Signature of Treasurer 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. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **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) D D 0 1 0 4 2011 0.6 30 2011 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2011<sup>°</sup> 13220.72 January 1 (b) Cash on Hand at 12220.72 Begining of Reporting Period ..... 15000.00 35000.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 27220.72 48220.72 6(a) and 6(c) for Column B) ..... 13500.00 34500.00 Total Disbursements (from Line 31) ..... Cash on Hand at Close of Reporting Period 13720.72 13720.72 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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) Page 3

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Report Covering the Period: From:	0 4 0 1 Y Y W Y Y W Y	To: 0 6 3 0 Y Y Y Y						
I. Receipts	I. Receipts COLUMN A Total This Period							
Contributions (other than loans) From:     (a) Individuals/Persons Other								
Than Political Committees (i) Itemized (use Schedule A)	0.00	5000.00						
(ii) Unitemized	0.00							
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	5000.00						
(b) Political Party Committees	0.00	0.00						
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	15000.00	30000.00						
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15000.00	35000.00						
12. Transfers From Affiliated/Other Party Committees	0.00	0.00						
13. All Loans Received	0.00	0.00						
<ul><li>14. Loan Repayments Received</li><li>15. Offsets To Operating Expenditures</li></ul>	0.00	0.00						
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00						
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 Fund	ds							
(a) Non-Federal Account (from Schedule H3)	0.00	0.00						
(b) Levin Funds (from Schedule H5)	0.00	0.00						
(c) Total Transfer (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))	15000.00	35000.00						
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15000.00	35000.00						

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#### DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared 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	0.00	0.00
(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	13500.00	34500.00
4. Independent Expenditure (use Schedule E)	0.00	0.00
5. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
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
O. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))	0.00	0.00
(a) Shared 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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	13500.00	34500.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	13500.00	34500.00

### **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)	15000.00	35000.00
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	15000.00	35000.00
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

FE6AN026

## SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 9 (check only one)  11a 11b X 11c 12  13 14 15 16 17
or for commercial purposes, oth  NAME OF COMMITTEE (In	er than using the name and ac Full)	ddress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle		OCIATION POLITICAL ACT	ION COMMITTEE (PCMA PAC)
A. CVS/CAREMARK CORPORA  Mailing Address 1300 EY  SUITE 5	FION EMPLOYEES PAC E STREET, NW		Date of Receipt  0 4 0 4 2 0 1 1
City	State	Zip Code	Transaction ID: SA11C.4865
WASHINGTON	DC	20005	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	C co	0384818	5000.00
Name of Employer	Occupation	on	
Receipt For:  Primary Gene  Other (specify) ▼		e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle HUMANA INC. POLITICAL AC	TION COMMITTEE		Date of Receipt
Mailing Address 975 F S SUITE 5	50		04 04 2011
City	State DC	Zip Code	Transaction ID: SA11C.4863
WASHINGTON FEC ID number of contribution federal political committee.	na	20004	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	on	
Receipt For:  Primary Gene  Other (specify) ▼		e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle WELLPOINT, INC. WELLPAC	e Initial)		Date of Receipt
Mailing Address 120 MO	NUMENT CIRCLE		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City INDIANAPOLIS	State IN	Zip Code 46204	Transaction ID: SA11C.4867  Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.	C Co	0197228	5000.00
Name of Employer	Occupation	on	
Receipt For:  Primary Gene Other (specify) ▼		e Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This F	Page (optional)		15000.00
TOTAL This Period (last page	this line number only)		15000.00

A.

В.

C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)		ı	OR LI	NE N	IUMBE	R:			Р	AGE	7/9		
ITEMIZED DISBURSEMENTS	for each		(	check	ŕ	, ´	_		_		_				
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or for commercial purposes, other than using the name	and addres	ss of any political	con	nn	nittee to	solic	it contr	ributi	ions fr	ror	m such	comi	nittee		
NAME OF COMMITTEE (In Full)	T 40000	LATION DOLIT		۸.	A O.T.	<b>-</b> N.	0014	AIT.		<b>,</b> _	00144	- A -			
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Full Name (Last, First, Middle Initial)							Trans	acti	on ID	:	SB23	.489	)1		
BLACKBURN, MARSHA MRS.							Date	_							
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Full Name (Last, First, Middle Initial)							Trans	acti	on ID	 ):	SB23	487	'9		_
BROWN, SCOTT P							Date		-						
Mailing Address 70 HAYDEN WOODS							0 <sup>M</sup> 6	М	/ D	3 (	0 /	Y 2	01	1 Y	
•	State MA	Zip Code 02093					Amou	int o	f Each	n E	Disburs	emer	t this	Period	
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Office Sought: House Disburser	ment For:	2012			71										
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Full Name (Last, First, Middle Initial)							Trans	acti	on ID	):	SB23	.488	35		—
CLYBURN, JAMES E.							Date	_					_		
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	CHEDULE B (FEC Form	-		arate schedule(s)		_	R LINE	_	ER:			Р	AGE	8/9	)
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	NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MAN	AGEMEN <sup>®</sup>	T ASSOC	CIATION POLIT	TICA	AL A	ACTIO	N COM	IMIT	TEE	: (F	PCMA	PAC	;)	
<u>L</u>	Full Name (Last, First, Middle Initial) GRAVES, SAMUEL B 'SAM'							Date	of D	ion II	se	SB23			V
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	MATHESON, JAMES D							Date	of D	isbur	se				
	Mailing Address P O BOX 5210	48						0 6	М		2	2 /	<b>'</b> 2	0 1	1 1
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					or the purpose of soliciting contributions licit contributions from such committee
NAME OF COMMIT	TEE (In Full)				N COMMITTEE (PCMA PAC)
Full Name (Last, Fir POMPEO, MICH					Transaction ID: SB23.4894 Date of Disbursement
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Mailing Address	286 HIGHLAND B	SLVD			$\begin{bmatrix}\begin{smallmatrix}M\\05\end{smallmatrix}\end{bmatrix}^M \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
City BROOKLYN		State NY	Zip Code 11233		Amount of Each Disbursement this Perio
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