PAGE 1 / 9

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other	Than An Auth	norized Co	nmittee		Office Use (Only
NAME OF COMMITTEE (in full)	TYPE OR PE	RINT ▼	Example: over the	If typing, type lines.	12FE4	M5	
PHARMACEUTICA	L CARE MANAG	EMENT ASSO	OCIATION	POLITICAL A	CTION COM	IMITTEE (P	CMA PAC)
ADDRESS (number and si	ent 9TH FLOC	PR		1	DC	20004	
reported. (ACC) 2. FEC IDENTIFICAT		CIT	Y A		STATE ▲	ZI	P CODE ▲
C C00388819			S THIS EPORT	NEW (N) O		AMENDED (A)	
4. TYPE OF REPORATION (Choose One) (a) Quarterly Report April 15 Quarterly R July 15 Quarterly R October 15 Quarterly R January 31 Year-End R July 31 Mid Report (Nor Year Only) Termination (TER)	eport (Q1) eport (Q2) eport (Q3) eport (YE) -Year n-election (MY) Report (c) I	on: Mar	Conv	May 20 (M Jun 20 (M Jul 20 (M7 ary (12P) ention (12C)	6) Second Special	(30R) in	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) Special (30S) the state of
5. Covering Period	01 / 01	2021		ough 03	M / D D 31	2021	
I certify that I have exam Type or Print Name of T	Heafitz, Jo		my knowledg	e and belief it is	true, correct a	and complete.	
Signature of Treasurer	Heafitz, Jonathan, , ,		[Elect	ronically Filed]	Date 04	M / D D D 14	2021
NOTE: Submission of false	e, erroneous, or incor	nplete information	n may subject	the person signin	g this Report to	the penalties	of 52 U.S.C. § 30109
Office Use							FORM 3X : 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2021		28669.08
(b) Cash on Hand at Beginning of Reporting Period	28669.08	
(c) Total Receipts (from Line 19)	5000.00	5000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33669.08	33669.08
Total Disbursements (from Line 31)	28500.00	28500.00
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5169.08	5169.08
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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)

R	eport Covering the Period: From:		03 31 2021
	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	0.00
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	5000.00	5000.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	5000.00	5000.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal Candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
	(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	5000.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	5000.00	5000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Salvinai Tour to pute			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	4 4 4				
Expenditures	0.00	0.00			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00			
Transfers to Affiliated/Other Party	2.00	0.00			
Committees Contributions to Federal Candidates/Committees	0.00	0.00			
and Other Political Committees	28500.00	28500.00			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00				
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans MadeRefunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	45.	4 4 4			
(such as PACs)(d) Total Contribution Refunds	0.00	0.00			
(add Lines 28(a), (b), and (c))	0.00	0.00			
Other Disbursements (Including					
Non-Federal Donations)	0.00	0.00			
Federal Election Activity (52 U.S.C. § 30101(20 (a) Allocated Federal Election Activity (from Schedule H6)	0))				
(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	3.50	4 4 4			
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))	28500.00	28500.00			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	28500.00	20500.00			
,	20000.00	28500.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 5000.00 5000.00 0.00 0.00 5000.00 5000.00 0.00 0.00 0.00 0.00 0.00 0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	F	OR	LINE	NU	MBER	:	PAGE	6	OF	9
Use separate schedule(s) for each category of the	(0	he	ck only	or	ne)			1		
Detailed Summary Page			11a		11b	×	11c	12		
, c			13		14		15	16		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 CIGNA CORPORATION POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 701 PENNSYLVANIA AVE NW, SUITE 720 2021 City Zip Code Transaction ID: SA11C.4564 WASHINGTON DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00085316 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... 5000.00 TOTAL This Period (last page this line number only).....

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S	CHEDULE B (FEC Form 3X)	11.		FOR LINE	NE NUMBER: PAGE 7 OF 9				
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only					
			Summary Page	21b 28a	22 x 23 28c 28c	26 27 29 30b			
Αı	ny information copied from such Reports and Stater	nents mav n	ot be sold or use						
or	for commercial purposes, other than using the nan	ne and addre	ess of any politic	al committee to	solicit contributions fro	om such committee.			
	NAME OF COMMITTEE (In Full)	IENIT AGG	0014710117	OLITICAL A	OTIONI 00111	TEE (DOMAN E.A.C.)			
/	PHARMACEUTICAL CARE MANAGEM	IENT ASS	OCIATION P	OLITICAL A	CHON COMMITI	EE (PCMA PAC)			
<u></u>	Full Name (Last, First, Middle Initial)								
Α.	ACROSS THE AISLE PAC	Date of Disburseme	ent						
	Mailing Address 910 17TH ST NW STE 925	03 23	2021						
	Mailing Address 910 17111 01 NW 312 923	03 23	2021						
	,	State	Zip Code		FEC Identification N	lumber			
	WASHINGTON Purpose of Disbursement	DC	20006		C 000000504				
	Turpose of Bioscinome				C C00696591	0000 4545			
	Candidate Name			Category/	Transaction ID Amount of Each Dis	: SB23.4545 sbursement this Period			
	000			Type		5000.00			
	Office Sought: House Disburser Senate	ment For: Primarv	General			5000.00			
	President	Other (spec			Memo Item				
	State: District:				Memo item				
	Full Name (Last, First, Middle Initial)								
B.	BLUE DOG POLITICAL ACTION (Date of Disburseme						
	Mailing Address PO BOX 83142	03 23	2021						
	City SAITHERSBURG	State MD	Zip Code 20883		FEC Identification N	lumber			
	Purpose of Disbursement	IVID	20003		C C00305318				
					Transaction ID	: SB23.4551			
	Candidate Name			Category/		sbursement this Period			
	Office Sought: House Disburser	ment For:		Туре		5000.00			
	Senate	Primary	General		4	4-1-4-1			
	President	Other (spec	ify)		Memo Item				
_	State: District:								
C.	Full Name (Last, First, Middle Initial) CHC BOLD PAC		Date of Disburseme	ent					
		M M / D D	/ Y Y Y Y Y						
	Mailing Address PO BOX 33079		03 23	2021					
	City	State	Zip Code		FFO Identification 1	lumbor			
	WASHINGTON	DC	20033		FEC Identification N	iumber			
	Purpose of Disbursement		C C00365536						
	Candidate Name			Cotogoriu	Transaction ID	: SB23.4553 sbursement this Period			
		Category/ Type	Amount of Each Dis	boursement this Fellou					
	Office Sought: House Disburser			5000.00					
	Senate President	Primary Other (spec	General						
	State: District:	Office (Spec	''y/ ▼		Memo Item				
Г	1			l					
5	SUBTOTAL of Disbursements This Page (optional)					15000.00			
Γ,	OTAL This Period (last page this line number only)	1							
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ITEMIZED DISBURSEMENTS	Hen see	oroto cobadula/a\	FOR LINE	NUMBER: PAGE 8 OF 9			
	for each	arate schedule(s) category of the	(check only	one) 22 X 23 26 27			
		Summary Page	210 28a	22 x 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and State	ements may	not be sold or use	d by any pers	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEN	MENT AS	SOCIATION PO	OLITICAL A	CTION COMMITTEE (PCMA PAC)			
Full Name (Last, First, Middle Initial)				Data of Dishamanan			
A. DSCC	Date of Disbursement						
Mailing Address 120 MARYLAND AVE NE	03 23 2021						
City WASHINGTON	State DC	Zip Code 20002		FEC Identification Number			
Purpose of Disbursement		20002		C C00042366			
·				Transaction ID : SB23.4555			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:		Туре	2500.00			
Senate	Primary	General		7 7 7			
President State: District:	Other (spe	ecify) 🔻		Memo Item			
Full Name (Last, First, Middle Initial)							
B. NEW DEMOCRAT COALITION A	Date of Disbursement						
Mailing Address 233 PENNSYLVANIA AVE SE 2ND FLOOR	03 23 2021						
City WASHINGTON	State DC	Zip Code 20003		FEC Identification Number			
Purpose of Disbursement		20000		C C00409730			
Candidate Name				Transaction ID : SB23.4557			
Candidate iname			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:		Турс	5000.00			
Senate	Primary	General					
President State: District:	Other (spe	сіту)		Memo Item			
Full Name (Last, First, Middle Initial)							
C. PAC UNITATIS				Date of Disbursement			
Mailing Address 824 S MILLEDGE AVE STE 101	Mailing Address 824 S MILLEDGE AVE STE 101						
City	State	Zip Code		FEC Identification Number			
ATHENS	GA	30605		C C00693127			
	Purpose of Disbursement						
Purpose of Disbursement	Candidate Name Category/ Type						
Purpose of Disbursement			Category/ Type	Amount of Each Disbursement this Period			
Purpose of Disbursement Candidate Name Office Sought: House Disburse	ement For:			Amount of Each Disbursement this Period 5000.00			
Purpose of Disbursement Candidate Name Office Sought: House Senate	Primary	General					
Purpose of Disbursement Candidate Name Office Sought: House Disburse							
Purpose of Disbursement Candidate Name Office Sought: House Disburse Senate President	Primary			5000.00			
Purpose of Disbursement Candidate Name Office Sought: House Disburse Senate President	Primary Other (spe	ecify) 🔻	Type	5000.00			

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SCHEDULE B (FEC Form 3X)	Hoo concrete sales della	·/a\	NUMBER: PAGE 9 OF 9			
TEMIZED DISBURSEMENTS	Use separate schedule for each category of th Detailed Summary Pag	ie Chick only	7 one) 22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMI						
Full Name (Last, First, Middle Initial) TERRI SEWELL FOR CONGRESS	5		Date of Disbursement			
Mailing Address PO BOX 1964			03 23 2021			
BIRMINGHAM	State Zip Code AL 35201		FEC Identification Number			
Purpose of Disbursement Candidate Name			C C00458976 Transaction ID : SB23.4561			
	nent For: 2022	Category/ Type	Amount of Each Disbursement this Period 1000.00			
Senate x	Primary Genera Other (specify) ▼	ul	Memo Item			
State: AL District: 07			Memo item			
Full Name (Last, First, Middle Initial) 3.			Date of Disbursement			
Mailing Address	M = M / D = D / Y = Y = Y					
City	State Zip Code		FEC Identification Number			
Purpose of Disbursement	·		C			
Candidate Name	Category/ Type		Amount of Each Disbursement this Period			
	nent For: Primary Genera Other (specify)	ıl				
State: District:	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)	Date of Disbursement					
Mailing Address	Mailing Address					
City	State Zip Code		FEC Identification Number			
Purpose of Disbursement	C					
Candidate Name	Amount of Each Disbursement this Period					
	nent For: Primary Genera Other (specify) ▼	ıl				
State: District:	Caron (opcomy)		Memo Item			
SUBTOTAL of Disbursements This Page (optional)		>	1000.00			
TOTAL This Period (last page this line number only)			28500.00			