

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2004 APR 14 12:45

1 NAME OF COMMITTEE (to file) TYPE OR PRINT Example: If typing, type over the lines. 12FR4MS

Pharmaceutical Care Management Political Action Committee (PCMA PAC)

ADDRESS (number and street) 1001 Pennsylvania Ave NW Suite 740 Washington DC 20004

2 FEC IDENTIFICATION NUMBER 00388819 3 IS THIS REPORT NEW (N) OR AMENDED (A)

Table with 4 columns: (a) Quarterly Reports (April 15, July 15, October 15, January 31, July 31, 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, Special), (d) 30-Day POST-Election Report for the (General, Runoff, Special)

5. Covering Period 01/01/2004 through 03/31/2004

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 JOHN A. MURRAY

Signature of Treasurer [Handwritten Signature] Date 04/14/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497g.

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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PCMT PAC

Report Covering the Period:

From:

01/01/2004

To:

03/31/2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2,000	15,000.00
(b) Cash on Hand at Beginning of Reporting Period	15,000.00	
(c) Total Receipts (from Line 10)	25,250.00	25,250.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40,250.00	40,250.00
7. Total Disbursements (from Line 31)	500.00	500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39,750.00	39,750.00
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	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. 02/2008)

Page 3

Write or Type Committee Name

PCMA PAC

Report Covering the Period: From:

01/01/2004

To:

03/31/2004

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)	10,250.00	
(ii) Unitemized	00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	10,250.00	10,250.00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs)	15,000.00	15,000.00
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 33, page 5)	25,250.00	25,250.00
12. Transfers From Affiliates/Other Party Committees	00	00
13. All Loans Received	00	00
14. Loan Repayments Received	00	00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 27, page 5)	00	00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	00	00
17. Other Federal Receipts (Dividends, Interest, etc.)	00	00
18. Transfers from Non-Federal and Levin Funds:		
(a) Non-Federal Account (from Schedule H3)	00	00
(b) Levin Funds (from Schedule H5)	00	00
(c) Total Transfers (add 18(a) and 18(b))	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	25,250.00	25,250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25,250.00	25,250.00

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
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	500.00	500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	500.00	500.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	25,250.00	25,250.00
34. Total Contribution Refunds (from Line 28(a))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25,250.00	25,250.00
36. Total Federal Operating Expenditures (add Line 21(e)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

**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	OF
	<input checked="" type="checkbox"/> 11	<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 used 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) <i>Pharmaceutical Care Management Assoc Political Action Committee</i>	
Full Name (Last, First, Middle Initial) <i>A. Mark Merritt</i>	Date of Receipt <i>01/06/2004</i>
Mailing Address <i>1261 Anteborn Ave. Hummelstown, PA 17036</i>	Amount of Each Receipt This Period <i>5,000.00</i>
FEC ID number of contributing federal political committee <i>C</i>	
Name of Employer <i>PCMH</i>	Occupation <i>President & CEO</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <i>5,000.00</i>
Full Name (Last, First, Middle Initial) <i>B. Ellen Jenkins</i>	
Mailing Address <i>1 W. Oak Street Alexandria, VA 22301</i>	Date of Receipt <i>01/02/2004</i>
FEC ID number of contributing federal political committee <i>C</i>	Amount of Each Receipt This Period <i>5,000.00</i>
Name of Employer <i>PCMH</i>	Occupation <i>VP Federal Affairs</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <i>5,000.00</i>
Full Name (Last, First, Middle Initial) <i>C. Rebecca Gold</i>	
Mailing Address <i>2807 Connecticut Ave NW #601 Washington DC 20008</i>	Date of Receipt <i>02/27/2004</i>
FEC ID number of contributing federal political committee <i>C</i>	Amount of Each Receipt This Period <i>250.00</i>
Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date <i>250.00</i>
SUBTOTAL of Receipts This Page (optional) <i>10,250.00</i>	
TOTAL This Period (see page this line number only) <i>(0,250.00)</i>	

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only case)		PAGE 1 OF 1	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (in Full) *Pharmaceutical Care Management Assoc. Political Action Committee*

A. Full Name (Last, First, Middle Initial) *Advantage PCS Employee PAC*

Mailing Address *4501 E Shea Blvd - MC 102*

City *Scottsdale* State *AZ* Zip Code *85260*

FEC ID number of contributing federal political committee. *C00372771*

Name of Employer _____ Occupation _____

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date *5000.00*

Date of Receipt *02 17 2004*

Amount of Each Receipt this Period *5000.00*

B. Full Name (Last, First, Middle Initial) *Medco Health PAC*

Mailing Address *591 Redwood Highway - Bldg 4000*

City *Mill Valley, CA* State *CA* Zip Code *94941*

FEC ID number of contributing federal political committee. *C00385363*

Name of Employer _____ Occupation _____

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date *5000.00*

Date of Receipt *02 10 2004*

Amount of Each Receipt this Period *5000.00*

C. Full Name (Last, First, Middle Initial) *Wellpoint Health Networks PAC*

Mailing Address *1 Wellpoint Way - 2A MC*

City *Menlo Park, CA* State *CA* Zip Code *94025*

FEC ID number of contributing federal political committee. *C00197223*

Name of Employer _____ Occupation _____

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date *5000.00*

Date of Receipt *01 22 2004*

Amount of Each Receipt this Period *5000.00*

SUBTOTAL of Receipts This Page (optional) *15000.00*

TOTAL This Period (last page has line number only) *15000.00*

**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)

PAGE 1 OF 7

<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

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 Assoc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. *John Shaddeeg Friends*

Mailing Address

104 Home Ave

City *Alexandria VA* State *VA* Zip Code *22301*

Purpose of Disbursement

Federal Candidate Contribution

Candidate Name

John Shaddeeg

Category Type

Office Sought

 House
 Senate
 President

Disbursement For

 Primary
 General
 Other (specify) ▼

State: *VA* District: *3rd*

Committee
Date of Disbursement

03/28/2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Office Sought

 House
 Senate
 President

Disbursement For

 Primary
 General
 Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category Type

Office Sought

 House
 Senate
 President

Disbursement For

 Primary
 General
 Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶

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

500.00
500.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt 4/14/04
<input type="checkbox"/>	USPS First Class Mail	Postmarked
<input type="checkbox"/>	USPS Registered/Certified/Priority/Express Mail	Postmarked (R/C)
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/>	Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked
<i>Da</i> PREPARER		4/14/04 DATE PREPARED