

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

ADDRESS (number and street) 601 PENNSYLVANIA AVENUE NW STE 740
 Check if different than previously reported. (ACC)
WASHINGTON DC 20004

2. **FEC IDENTIFICATION NUMBER** C00388819
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 Quarterly 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 (12G)
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 07 01 2007 through 12 31 2007

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 Murray

Signature of Treasurer Electronically Filed by John Murray Date 01 30 2008

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 Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
 PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 7 | | 40817.84 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 7 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 30817.84 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 12270.00 | 27270.00 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 43087.84 | 68087.84 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 26900.00 | 51900.00 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 16187.84 | 16187.84 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 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:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To:

| | |
|---|---|
| M | M |
| 1 | 2 |

| | |
|---|---|
| D | D |
| 3 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

| 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 | 12245.00 | 12245.00 |
| (i) Itemized (use Schedule A) | 0.00 | 0.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 12245.00 | 12245.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 25.00 | 15025.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 12270.00 | 27270.00 |
| 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 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)) | 12270.00 | 27270.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 12270.00 | 27270.00 |

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) 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 (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..... | 26900.00 | 51900.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (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) 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 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 26900.00 | 51900.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 26900.00 | 51900.00 |

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 12270.00 | 27270.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 12270.00 | 27270.00 |
| 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 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| | |
|---|------------------------------|
| FOR LINE NUMBER: | PAGE 6 / 15 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <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)

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Tim Brogan | Date of Receipt MM / DD / YYYY 12 / 12 / 2007 |
| | Mailing Address 2804 9th Street S | Transaction ID: SA11AI.4354 |
| | City State Zip Code Arlington VA 22204 | Amount of Each Receipt this Period 880.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer PCMA Occupation Policy Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 880.00 | |

| | | |
|-----------|---|---|
| B. | Full Name (Last, First, Middle Initial) Ellen Jenkins | Date of Receipt MM / DD / YYYY 12 / 12 / 2007 |
| | Mailing Address 1 West Oak Street | Transaction ID: SA11AI.4355 |
| | City State Zip Code Alexandria VA 22301 | Amount of Each Receipt this Period 5000.00 |
| | FEC ID number of contributing federal political committee. C | |
| | Name of Employer PCMA Occupation Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 5000.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Barbara Levy | Date of Receipt MM / DD / YYYY 12 / 12 / 2007 |
| | Mailing Address 522 N.Alfred Street | Transaction ID: SA11AI.4356 |
| | City State Zip Code Alexandria VA 22314 | Amount of Each Receipt this Period 780.00 |
| | FEC ID number of contributing federal political committee. C | |
| | 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 780.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 6660.00 |
| 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 / 15 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | | | |
|---|--|-------------------------|--|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) Brian McCarthy | | Date of Receipt | |
| | Mailing Address 1922 37th Street | | M M / D D / Y Y Y Y Y 1 2 / 1 2 / 2 0 0 7 | |
| | City | State | Zip Code | Transaction ID: SA11AI.4357 |
| | Washington | DC | 20007 | |
| | FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period | |
| C | | 585.00 | | |
| Name of Employer PCMA | | Occupation Assist VP | | Aggregate Year-to-Date ▼ |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 585.00 | | |

| | | | | |
|---|--|---------------------------------|--|------------------------------------|
| B. | Full Name (Last, First, Middle Initial) Mark Merritt | | Date of Receipt | |
| | Mailing Address 1261 Auburn Ave | | M M / D D / Y Y Y Y Y 1 1 / 1 9 / 2 0 0 7 | |
| | City | State | Zip Code | Transaction ID: SA11AI.4351 |
| | Hummelstown | PA | 17036 | |
| | FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period | |
| C | | 5000.00 | | |
| Name of Employer PCMA | | Occupation President and CEO | | Aggregate Year-to-Date ▼ |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | 5000.00 | | |

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 585.00 |
| TOTAL This Period (last page this line number only) | 12245.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | | |
|---|------------------------------|---|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 8 / 15 | |
| | (check only one) | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 13 | <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 ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

| | | | |
|---|---|------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS | | Date of Receipt |
| | Mailing Address 7905 MALCOLM ROAD SUITE 102 | | <input type="text" value="11"/> / <input type="text" value="29"/> / <input type="text" value="2007"/> |
| | City | State | Zip Code |
| | CLINTON | MD | 20735 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11C.4352 |
| | | Amount of Each Receipt this Period | |
| | | <input type="text" value="25.00"/> | |
| Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | |
| | | <input type="text" value="25.00"/> | |

| | |
|--|------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="25.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="25.00"/> |

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)

A. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: District:

Transaction ID: SB23.4400

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

1300.00

B. Full Name (Last, First, Middle Initial)
COLEMAN FOR SENATE 08

Mailing Address 680 TRANSFER ROAD, SUITE A

City State Zip Code
SAINT PAUL MN 55114

Purpose of Disbursement

Candidate Name
NORM COLEMAN

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: MN District: 00

Transaction ID: SB23.4309

Date of Disbursement

07 / 13 / 2007

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City State Zip Code
BANGOR ME 04402

Purpose of Disbursement

Candidate Name
SUSAN M COLLINS

Category/
Type

Office Sought: House Senate President
Disbursement For: 2008 Primary General Other (specify) ▼
State: ME District: 00

Transaction ID: SB23.4326

Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3300.00

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"/> 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)

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name HENRY A. WAXMAN Category/Type <input type="checkbox"/></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 30</p> | <p>Transaction ID: SB23.4346 Date of Disbursement: 12 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> |
| <p>B. Full Name (Last, First, Middle Initial) EVERY REPUBLICAN IS CRUCIAL (ERICPAC)</p> <p>Mailing Address 25 East Main Street Suite 200</p> <p>City Richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p> | <p>Transaction ID: SB23.4324 Date of Disbursement: 09 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 1500.00</p> |
| <p>C. Full Name (Last, First, Middle Initial) FRIENDS OF JAY ROCKEFELLER</p> <p>Mailing Address PO BOX 1909</p> <p>City CHARLESTON State WV Zip Code 25327</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name JOHN DAVISON IV ROCKEFELLER Category/Type <input type="checkbox"/></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District: 00</p> | <p>Transaction ID: SB23.4335 Date of Disbursement: 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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"/> 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)

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) FRIENDS OF MARK WARNER | Transaction ID: SB23.4328 Date of Disbursement 09 / 28 / 2007 |
| | Mailing Address C/O LESLIE KERMAN 818 CONNECTICUT AVE, NW, STE 1007 | Amount of Each Disbursement this Period 1000.00 |
| | City WASHINGTON State DC Zip Code 20006 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name MARK ROBERT WARNER | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) FRIENDS OF MAX BAUCUS | Transaction ID: SB23.4319 Date of Disbursement 08 / 03 / 2007 |
| | Mailing Address PO BOX 586 | Amount of Each Disbursement this Period 1000.00 |
| | City HELENA State MT Zip Code 59624 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name MAX BAUCUS | |
| | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) Friends of Roy Blunt | Transaction ID: SB23.4321 Date of Disbursement 09 / 26 / 2007 |
| | Mailing Address 209 Pennsylvania Ave, SE | Amount of Each Disbursement this Period 1500.00 |
| | City Washington State DC Zip Code 20003 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name ROY BLUNT | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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"/> 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)

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) HEATHER WILSON FOR CONGRESS <hr/> Mailing Address P.O. BOX 14070 P.O. BOX 14070 <hr/> City ALBUQUERQUE State NM Zip Code 87191 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: SB23.4349 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 1000.00 |

| | |
|---|---|
| B. Full Name (Last, First, Middle Initial) HOOLEY FOR CONGRESS <hr/> Mailing Address PO BOX 2050 <hr/> City SALEM State OR Zip Code 97308 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name DARLENE HOOLEY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 05 | Transaction ID: SB23.4333 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 3 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 1500.00 |

| | |
|---|---|
| C. Full Name (Last, First, Middle Initial) HOOSIERS FOR HILL <hr/> Mailing Address PO Box 1071 <hr/> City Seymour State IN Zip Code 47274 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: | Transaction ID: SB23.4340 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7 |
| | Amount of Each Disbursement this Period 1000.00 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

**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)

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| <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)

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) HOYER FOR CONGRESS Mailing Address 7905 MALCOLM ROAD SUITE 102 City CLINTON State MD Zip Code 20735 Purpose of Disbursement Candidate Name STENY HAMILTON HOYER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4339 Date of Disbursement 10 / 24 / 2007 Amount of Each Disbursement this Period 2300.00 Category/Type |
| | Full Name (Last, First, Middle Initial) JERRY WELER FOR CONGRESS INC. Mailing Address P.O. Box 2368 City Joliet State IL Zip Code 60434 Purpose of Disbursement Candidate Name GERALD C JERRY WELER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) JOHANNIS FOR SENATE INCORPORATED Mailing Address 1201 O STREET SUITE 101 City LINCOLN State NE Zip Code 68506 Purpose of Disbursement Candidate Name MICHAEL O JOHANNIS Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.4364 Date of Disbursement 12 / 12 / 2007 Amount of Each Disbursement this Period 1000.00 Category/Type |

SUBTOTAL of Disbursements This Page (optional) ▶

4300.00

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)

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| <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)

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) JOHN D. DINGELL FOR CONGRESS COMMITTEE | Transaction ID: SB23.4389 Date of Disbursement |
| | Mailing Address 607 14th Street N.W. Suite 800 | <input type="text" value="10"/> / <input type="text" value="22"/> / <input type="text" value="2007"/> |
| | City Washington State DC Zip Code 20005 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="2000.00"/> |
| | Candidate Name JOHN D MR. DINGELL | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
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| B. | Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC. | Transaction ID: SB23.4393 Date of Disbursement |
| | Mailing Address PO Box 682185 | <input type="text" value="07"/> / <input type="text" value="11"/> / <input type="text" value="2007"/> |
| | City Franklin State TN Zip Code 37068 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="1000.00"/> |
| | Candidate Name MARSHA MRS. BLACKBURN | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) NEW REPUBLICAN MAJORITY FUND | Transaction ID: SB23.4311 Date of Disbursement |
| | Mailing Address 201 North Union Street Suite 530 | <input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2007"/> |
| | City Alexandria State VA Zip Code 22314 | Amount of Each Disbursement this Period |
| | Purpose of Disbursement | <input type="text" value="2000.00"/> |
| | Candidate Name | Category/Type |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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)

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|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS | Transaction ID: SB23.4330 Date of Disbursement 10 / 04 / 2007 |
| | Mailing Address PO BOX 3176 | Amount of Each Disbursement this Period 300.00 |
| | City LONG BRANCH State NJ Zip Code 07740 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name FRANK JR. PALLONE | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) SCHWARZ FOR CONGRESS | Transaction ID: SB23.4315 Date of Disbursement 07 / 23 / 2007 |
| | Mailing Address POST OFFICE BOX 2063 | Amount of Each Disbursement this Period 1000.00 |
| | City BATTLE CREEK State MI Zip Code 49016 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name ALLYSON Y SCHWARTZ | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07 | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial) TEXAS FREEDOM FUND | Transaction ID: SB23.4317 Date of Disbursement 07 / 23 / 2007 |
| | Mailing Address 104 East Hume Avenue | Amount of Each Disbursement this Period 1500.00 |
| | City Alexandria State VA Zip Code 22301 | |
| | Purpose of Disbursement | Category/Type |
| | Candidate Name | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 2800.00 |
| TOTAL This Period (last page this line number only) | 26900.00 |