

# 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**  
Check if different than previously reported. (ACC) **WASHINGTON DC 20004**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C 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 Year-End 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 (12S)  
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  /  /  2019 through  /  /  2019

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  /  /  2020

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**

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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="16399.04"/>	<input type="text" value="16399.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18390.35"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="17480.14"/>	<input type="text" value="67061.45"/>
(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="35870.49"/>	<input type="text" value="83460.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16500.00"/>	<input type="text" value="64090.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19370.49"/>	<input type="text" value="19370.49"/>
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

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Report Covering the Period: From:  /  /  To:  /  /

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).....	17145.14	34766.45
(ii) Unitemized .....	335.00	1295.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	17480.14	36061.45
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	31000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	17480.14	67061.45
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)).....▶	17480.14	67061.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17480.14	67061.45

**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.....	16500.00	64090.00
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)) ..	16500.00	64090.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16500.00	64090.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

<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) .....	17480.14	67061.45
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17480.14	67061.45
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 17
<input checked="" type="checkbox"/> 11a	<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 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. Alexander, April, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2127 California St, NW #103  
 City Washington State DC Zip Code 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 11 / 2019  
**Transaction ID : SA11AI.6152**  
 Amount of Each Receipt this Period 280.00  
 Memo Item

**B. Alexander, April, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2127 California St, NW #103  
 City Washington State DC Zip Code 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.6170**  
 Amount of Each Receipt this Period 240.00  
 Memo Item

**C. Bass, Kristin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 N. Jackson St  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Mgmt Assoc Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 10 / 11 / 2019  
**Transaction ID : SA11AI.6153**  
 Amount of Each Receipt this Period 1346.17  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1866.17
<b>TOTAL</b> 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 OF 17
	<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. Bass, Kristin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 N. Jackson St  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Mgmt Assoc Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.06

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.6171**  
 Amount of Each Receipt this Period 1153.86  
 Memo Item

**B. Head, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 Luring Drive  
 City Glendale State CA Zip Code 91206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Senior Director State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.6174**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**C. Head, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 707 Luring Drive  
 City Glendale State CA Zip Code 91206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Senior Director State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.6184**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1333.86
<b>TOTAL</b> 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 8 OF 17
<input checked="" type="checkbox"/> 11a	<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

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

**A. Heafitz, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2704 Emmet Road  
 City Silver Spring State MD Zip Code 20902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 10 / 11 / 2019  
**Transaction ID : SA11AI.6155**  
 Amount of Each Receipt this Period 807.66  
 Memo Item

**B. Heafitz, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2704 Emmet Road  
 City Silver Spring State MD Zip Code 20902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2999.88

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.6173**  
 Amount of Each Receipt this Period 692.28  
 Memo Item

**C. Levy, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 N.Alfred Street  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Assist VP State Affairs and GC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 11 / 2019  
**Transaction ID : SA11AI.6157**  
 Amount of Each Receipt this Period 140.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1639.94
<b>TOTAL</b> 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 9 OF 17
	<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. Levy, Barbara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 N.Alfred Street  
 City Alexandria State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Assist VP State Affairs and GC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **12 / 20 / 2019**  
**Transaction ID : SA11Al.6175**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**B. McCarthy, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1922 37th Street  
 City Washington State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Assist VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt **10 / 11 / 2019**  
**Transaction ID : SA11Al.6159**  
 Amount of Each Receipt this Period 1346.10  
 Memo Item

**C. McCarthy, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1922 37th Street  
 City Washington State DC Zip Code 20007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Assist VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4807.50

Date of Receipt **12 / 20 / 2019**  
**Transaction ID : SA11Al.6177**  
 Amount of Each Receipt this Period 1153.80  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2619.90
<b>TOTAL</b> 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 10 OF 17
<input checked="" type="checkbox"/> 11a	<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

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

**A. Murphy, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1701 16th Street NW  
 City Washington State DC Zip Code 20009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.6178**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**B. Rowley, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3415 Charlson Street  
 City Annandale State VA Zip Code 22003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) VP State  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 10 / 11 / 2019  
**Transaction ID : SA11AI.6163**  
 Amount of Each Receipt this Period 1050.00  
 Memo Item

**C. Rowley, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3415 Charlson Street  
 City Annandale State VA Zip Code 22003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) VP State  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3900.00

Date of Receipt 12 / 20 / 2019  
**Transaction ID : SA11AI.6180**  
 Amount of Each Receipt this Period 900.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2070.00
<b>TOTAL</b> 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: PAGE 12 OF 17  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Shradr, Melodie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 206 South Ingram Street  
 City Henderson State KY Zip Code 42420  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Senior Director State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2019  
**Transaction ID : SA11AI.6182**  
 Amount of Each Receipt this Period  
 120.00  
 Memo Item

**B. Wentworth, T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address One Express Way  
 City St. Louis State MO Zip Code 63121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Express Scripts & Cigna Svcs. Occupation (for Individual) EVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4855.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2019  
**Transaction ID : SA11AI.6169**  
 Amount of Each Receipt this Period  
 4855.37  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4975.37
<b>TOTAL</b> This Period (last page this line number only).....▶	17145.14

**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)**

**A. ATHENA PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 301 W PLATT ST #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2019  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 18 / 2019

FEC Identification Number: C00526301

Transaction ID : SB23.6232

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. BRINDISI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 165

City UTICA State NY Zip Code 13503

Purpose of Disbursement

Candidate Name  
**BRINDISI FOR CONGRESS**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: NY District: 22

Date of Disbursement: 12 / 18 / 2019

FEC Identification Number: C00648725

Transaction ID : SB23.6198

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. CORY GARDNER FOR SENATE**

Full Name (Last, First, Middle Initial)

Mailing Address 9227 E. LINCOLN AVE., #200-234

City LONE TREE State CO Zip Code 80124

Purpose of Disbursement

Candidate Name  
**GARDNER, CORY, , ,**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CO District: 00

Date of Disbursement: 12 / 18 / 2019

FEC Identification Number: C00492454

Transaction ID : SB23.6202

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3000.00

**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"/> 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. JOSH GOTTHEIMER FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y Y 12 / 18 / 2019	
Mailing Address PO BOX 584		FEC Identification Number <b>C</b> C00573949 <b>Transaction ID : SB23.6193</b> Amount of Each Disbursement this Period 1500.00	
City RIDGEWOOD	State NJ	Zip Code 07451	Category/ Type
Purpose of Disbursement			
Candidate Name <b>GOTTHEIMER, JOSH, , ,</b>		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 05	<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>B. LATTA FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y Y 12 / 18 / 2019	
Mailing Address PO BOX 106		FEC Identification Number <b>C</b> C00438697 <b>Transaction ID : SB23.6211</b> Amount of Each Disbursement this Period 1000.00	
City BOWLING GREEN	State OH	Zip Code 43402	Category/ Type
Purpose of Disbursement			
Candidate Name <b>LATTA, ROBERT EDWARD, , ,</b>		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 05	<input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>C. MCEACHIN FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y Y 12 / 18 / 2019	
Mailing Address PO BOX 7020		FEC Identification Number <b>C</b> C00610964 <b>Transaction ID : SB23.6215</b> Amount of Each Disbursement this Period 1000.00	
City RICHMOND	State VA	Zip Code 23221	Category/ Type
Purpose of Disbursement			
Candidate Name <b>MCEACHIN, ASTON DONALD, , ,</b>		Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: VA District: 04	<input type="checkbox"/> Memo Item	
<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶		3500.00	
<b>TOTAL</b> 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) <b>A. RON ESTES FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2019
Mailing Address PO BOX 782952		FEC Identification Number C 000632067 <b>Transaction ID : SB23.6221</b>
City WICHITA	State KS	Zip Code 67278
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>ESTES, RON, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: KS	District: 04	

Full Name (Last, First, Middle Initial) <b>B. STEPHANIE MURPHY FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2019
Mailing Address PO BOX 205		FEC Identification Number C 000620443 <b>Transaction ID : SB23.6227</b>
City WINTER PARK	State FL	Zip Code 32790
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>MURPHY, STEPHANIE, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 07	

Full Name (Last, First, Middle Initial) <b>C. TEXANS FOR SENATOR JOHN CORNYN INC.</b>		Date of Disbursement MM / DD / YYYY 12 / 18 / 2019
Mailing Address PO BOX 13026		FEC Identification Number C 000369033 <b>Transaction ID : SB23.6208</b>
City AUSTIN	State TX	Zip Code 78711
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>CORNYN, JOHN SEN, , ,</b>		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 00	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16500.00