

**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)

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="2016"/>	<input type="text" value="14372.32"/>	<input type="text" value="14372.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7316.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9096.48"/>	<input type="text" value="54041.07"/>
(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="16413.39"/>	<input type="text" value="68413.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3500.00"/>	<input type="text" value="55500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12913.39"/>	<input type="text" value="12913.39"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	8828.48	21485.07
(ii) Unitemized	268.00	1556.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9096.48	23041.07
(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)	9096.48	54041.07
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)).....▶	9096.48	54041.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9096.48	54041.07

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.....	3500.00	55500.00
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)) ..	3500.00	55500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	55500.00

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)	9096.48	54041.07
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9096.48	54041.07
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 11
<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 ▼ 1040.00

Date of Receipt 12 / 15 / 2016
Transaction ID : SA11AI.5435
 Amount of Each Receipt this Period 240.00
 Memo Item

B. 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 ▼ 5000.05

Date of Receipt 12 / 15 / 2016
Transaction ID : SA11AI.5437
 Amount of Each Receipt this Period 1153.86
 Memo Item

C. Brogan, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2804 9th Street S
 City Arlington State VA Zip Code 22204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) Policy Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 15 / 2016
Transaction ID : SA11AI.5438
 Amount of Each Receipt this Period 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1633.86
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 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Cosgrove, Andy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2212 N Quintana Street
 City Arlington State VA Zip Code 22205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) VP Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 12 / 15 / 2016
Transaction ID : SA11AI.5439
 Amount of Each Receipt this Period 230.76
 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 ▼ 905.00

Date of Receipt 12 / 15 / 2016
Transaction ID : SA11AI.5440
 Amount of Each Receipt this Period 240.00
 Memo Item

C. Johnson, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16213 Oak Meadow Drive
 City Derwood State MD Zip Code 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) Director Federal Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 15 / 2016
Transaction ID : SA11AI.5441
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	590.76
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 8 OF 11
	<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. Kipper, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2370 HuntingtonSt Ct
 City Alexandria State VA Zip Code 22303
 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 ▼ 255.00

Date of Receipt 12 / 15 / 2016
Transaction ID : SA11AI.5447
 Amount of Each Receipt this Period 90.00
 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 ▼ 5000.06

Date of Receipt 12 / 15 / 2016
Transaction ID : SA11AI.5450
 Amount of Each Receipt this Period 1153.86
 Memo Item

C. McCraw, Anne, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3802 Fulton St, NW-Apt B
 City State Zip Code
 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 ▼ 240.00

Date of Receipt 12 / 15 / 2016
Transaction ID : SA11AI.5451
 Amount of Each Receipt this Period 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1483.86
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 9 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Merritt, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1261 Auburn Ave

City Hummelstown	State PA	Zip Code 17036
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PCMA	Occupation (for Individual) President and CEO
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2016

Transaction ID : SA11AI.5453

Amount of Each Receipt this Period
 5000.00

Memo Item

B. 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
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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 ▼
 340.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 15 / 2016

Transaction ID : SA11AI.5449

Amount of Each Receipt this Period
 120.00

Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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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

SUBTOTAL of Receipts This Page (optional).....▶	5120.00
TOTAL This Period (last page this line number only).....▶	8828.48

**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. JOHN KENNEDY FOR US

Full Name (Last, First, Middle Initial)

Mailing Address 2900 CLEARVIEW PKWY
SUITE 206

City METAIRIE State LA Zip Code 70006

Purpose of Disbursement

Candidate Name
KENNEDY, JOHN NEELY, , ,

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: LA District: 00 Runoff

Date of Disbursement: 12 / 08 / 2016

FEC Identification Number: **C00608398**
Transaction ID : **SB23.5426**
Amount of Each Disbursement this Period: 500.00

Memo Item

B. KEEP AMERICA ROLLING PAC

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 185

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 22 / 2016

FEC Identification Number: **C00524603**
Transaction ID : **SB23.5433**
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. PIONEER PAC

Full Name (Last, First, Middle Initial)

Mailing Address 10 WEST BROADWAY SUITE 500

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 08 / 2016

FEC Identification Number: **C00452771**
Transaction ID : **SB23.5428**
Amount of Each Disbursement this Period: 1500.00

Memo Item

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

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

3000.00

**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"/> 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)

A. SUPPORTING HOUSE PROBLEM SOLVERS - SHP PAC

Mailing Address 1050 17TH ST NW STE 590

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 13 / 2016

FEC Identification Number

C C00563601

Transaction ID : SB23.5431

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

500.00

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

3500.00