Image# 12950084281 PAGE 1 / 11

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than 7	All Authorized				Office Use Only
1. NAME OF TOOMITTEE (in full)	YPE OR PRINT ▼		ımple: If typir r the lines.	ıg, type	12FE4M5	
PHARMACEUTICAL CARE	MANAGEMEN	IT ASSOCIAT	ION POLIT	ICAL ACT	ION COMM	ITTEE (PCMA PAC)
ADDRESS (number and street)	601 PENNSYLVAN	NIA AVENUE NW	STE 740			
Check if different						
than previously reported. (ACC)	WASHINGTON				DC	20004
2. FEC IDENTIFICATION NUI	MBER ▼	CITY 🛦			STATE A	ZIP CODE ▲
C C00388819		3. IS THIS REPORT		IEW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On.	Mar 20 (M3)		lun 20 (M6)	Η.	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1) (0) 10.5	Apr 20 (M4)		lul 20 (M7)	-	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	(c) 12-Day PRE-Ele Report fo		Primary (12P Convention (General (
October 15 Quarterly Report (Q3			(. = 0,	opeo.a. (
X January 31 Year-End Report (YE		Election on	M = M /	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-E Report for		General (30G	i)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Tiopoit ii	Election on	M M /	D D /	Y	in the State of
5. Covering Period 10	/ D D / Y	2011	through	12	31	2011
I certify that I have examined this	•	e best of my kno	wledge and b	pelief it is tru	e, correct and	I complete.
Type or Print Name of Treasurer	Jonathan Heafitz					
Signature of Treasurer Jonath	an Heafitz		[Electronically	Filed]	Pate 01	13 / 2012
NOTE: Submission of false, erroned	ous, or incomplete in	nformation may su	ubject the pers	son signing th	nis Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(;	a) Cash on Hand January 1, 2011		13220.72
(1	D) Cash on Hand at Beginning of Reporting Period	13904.54	
(c) Total Receipts (from Line 19)	8406.08	50839.90
(Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22310.62	64060.62
Т	otal Disbursements (from Line 31)	11000.00	52750.00
F	ash on Hand at Close of eporting Period subtract Line 7 from Line 6(d))	11310.62	11310.62
tl	ebts and Obligations Owed TO ne Committee (Itemize all on chedule C and/or Schedule D)	0.00	
tl	ebts and Obligations Owed BY ne Committee (Itemize all on chedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

_	eport Covering the Period: From: 10	COLUMN A	COLUMN B		
	I. Receipts	Total This Period	Calendar Year-to-Date		
11.	Contributions (other than loans) From: (a) Individuals/Persons Other	·			
	Than Political Committees (i) Itemized (use Schedule A)	3406.08	14839.90		
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00		
	Lines 11(a)(i) and (ii)▶	3406.08	14839.90		
	(b) Political Party Committees (c) Other Political Committees	0.00	0.00		
	(such as PACs)(d) Total Contributions (add Lines	5000.00	35000.00		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8406.08	49839.90		
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00		
10		0.00	0.00		
13.	All Loans Received	, , , , , , , , , , , , , , , , , , ,	0.00		
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00		
	to Federal Candidates and Other Political Committees	0.00	1000.00		
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))▶	8406.08	50839.90		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	8406.08	50839.90		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period		
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calendar Year-to-Date	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating	0.00	0.00	
Expenditures(c) Total Operating Expenditures	0.00	0.00	
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00	
Transfers to Affiliated/Other Party			
Committees	0.00	0.00	
Contributions to Federal Candidates/Committees			
and Other Political Committees	11000.00	52750.00	
Independent Expenditures			
(use Schedule E) Coordinated Party Expenditures	0.00	0.00	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	2.22	
(use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loan nepayments wade		5.00	
Loans Made	0.00	0.00	
Refunds of Contributions To:		7	
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
F			
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees		0.00	
(such as PACs)	0.00	0.00	
(d) Total Contribution Refunds			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
(add Lines 20(a), (b), and (c))		7 7	
Other Disbursements	0.00	0.00	
	7	7 7	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)	0.00	0.00	
(i) Federal Share	0.00	0.00	
(ii) "Lovin" Shara	0.00	0.00	
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00		
With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add	7		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11000.00	52750.00	
Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)	44000.00	52750.00	
from Line 31)	11000.00	52750.00	

DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8406.08	49839.90
I. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8406.08	49839.90
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. 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	: PAG	E 6 OF	11
(check on	ly one)			
X 11a	11b	11c	12	
13	14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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 MANA	AGEMENT ASSOCIATION POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) A. Kristin Bass		Date of Receipt
Mailing Address 812 N. Jackson Street		12 08 2011
City	State Zip Code	Transaction ID : SA11AI.4970
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1730.73
Name of Employer	Occupation	
Pharmaceutical Care Mgmt Assoc	Senior VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	5000.00	
Full Name (Last, First, Middle Initial) Tim Brogan		Date of Receipt
Mailing Address 2301 Columbia Pike		M = M / D = D / Y = Y = Y
Apt 628	Ctata 7:- Cada	12 08 2011
City Arlington	State Zip Code VA 22204	Transaction ID : SA11AI.4973
	VA 222U4	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	360.00
Name of Employer	Occupation	
PCMA	Assist VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	360.00	
Other (specify) ▼	360.00	
Full Name (Last, First, Middle Initial) Jonathan Heafitz		Date of Receipt
Mailing Address 2704 Emmet Road		12 08 2011
City	State Zip Code	Transaction ID : SA11AI.4975
Silver Spring	MD 20902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	135.00
Name of Employer	Occupation	
PCMA	Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	390.00	
SUBTOTAL of Receipts This Page (optional).	>	2225.73
TOTAL This Period (last page this line numb	er only)	45

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE	NUMBER	: PAGE	7 OF	11
(check onl	y one)			
X 11a	11b	11c	12	
13	14	15	16	17

NAME OF COMMITTEE (In Full)	g the name and address of any political committee NAGEMENT ASSOCIATION POLITICAL	
Full Name (Last, First, Middle Initial) A. Barbara Levy	WAS ENTERED ASSOCIATION FOR THE SECOND	
Mailing Address 522 N.Alfred Street		Date of Receipt 12 08 2011
City	State Zip Code	Transaction ID : SA11AI.4976
Alexandria	VA 22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	180.00
Name of Employer	Occupation	7
PCMA	Assist VP State Affairs and GC	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify) ▼	520.00	
Full Name (Last, First, Middle Initial) Brian McCarthy	•	Date of Receipt
Mailing Address 1922 37th Street		M M / D D / Y Y Y Y
City	State Zip Code	12 08 2011 Transaction ID - SA44A1 4077
Washington	DC 20007	Transaction ID : SA11AI.4977 Amount of Each Receipt this Period
		Amount of Each neceipt this Period
FEC ID number of contributing federal political committee.	C	135.00
Name of Employer	Occupation	7
PCMA	Assist VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		
Jerry Steffl		Date of Receipt
Mailing Address 1220 N Nash Street #1142		12 08 2011
City	State Zip Code	Transaction ID : SA11AI.4978
Arlington	VA 22209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	865.35
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	2499.90	
SUBTOTAL of Receipts This Page (optional	al)	1180.35
TOTAL This Period (last page this line num	nber only)	3406.08

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOI	R LINE	NU	MBER	:	PAGE	-	8	OF	11	
Use separate schedule(s)	(che	eck only	or or	ne)							
for each category of the Detailed Summary Page		11a		11b	X	11c		12			
		13		14		15		16		17	,

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name (Last, First, Middle Initial) UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH) Date of Receipt Mailing Address 9900 BREN ROAD EAST 01 2011 11 City Zip Code State Transaction ID: SA11C.4968 MN **MINNETONKA** 55343 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00274431 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... 5000.00 TOTAL This Period (last page this line number only).....

ITEMIZED DISBURSEMENTS	1 11-2 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	FOR LINE	NUMBER: PAGE 9 OF 11
	Use separate schedul for each category of t Detailed Summary Pa	e(s) (check only	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM			
Full Name (Last, First, Middle Initial)			B . (B)
A. BASS VICTORY COMMITTEE			Date of Disbursement
Mailing Address PO BOX 3451			11 29 2011
	State Zip Code		Transaction ID : SB23,4962
CONCORD Purpose of Disbursement	NH 03302		
·			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
	nent For: 2012 Primary Gener Other (specify)		
Full Name (Last, First, Middle Initial)			
B. BILL NELSON FOR U S SENATE			Date of Disbursement
Mailing Address 972 W WHITMIRE DRIVE			11 09 2011
City S MELBOURNE	State Zip Code FL 32935		Transaction ID : SB23.4949
IVILLDUURINE			
Purpose of Disbursement			Amount of Each Disbursement this Period
		Category/ Type	Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Candidate Name Office Sought: House Disburser	ment For: 2012 Primary Gener Other (specify) ▼	Type	
Purpose of Disbursement Candidate Name Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial)	ment For: 2012 Primary Gener	Type	Date of Disbursement
Purpose of Disbursement Candidate Name Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial)	ment For: 2012 Primary Gener	Type	2500.00
Purpose of Disbursement Candidate Name Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. BILL OWENS FOR CONGRESS Mailing Address PO BOX 1575 City SPLATTSBURGH	ment For: 2012 Primary Gener	Type	Date of Disbursement
Purpose of Disbursement Candidate Name Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. BILL OWENS FOR CONGRESS Mailing Address PO BOX 1575 City Substituting State Senate President Se	ment For: 2012 Primary Gener Other (specify) ▼	Type	Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Candidate Name Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. BILL OWENS FOR CONGRESS Mailing Address PO BOX 1575 City SPLATTSBURGH	ment For: 2012 Primary Gener Other (specify) ▼	Type al Category/	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Candidate Name Office Sought: House Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. BILL OWENS FOR CONGRESS Mailing Address PO BOX 1575 City State: State: PO BOX 1575 City City State: State: State: PO BOX 1575 City City City State: State: State: PO BOX 1575 City City City State: State: State: PO BOX 1575 City City State: State: PO BOX 1575 City City State: State: PO BOX 1575 City City State: State: State: PO BOX 1575 City City State: State: State: PO BOX 1575 City City State: Sta	ment For: 2012 Primary Gener Other (specify) ▼	Type al Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Candidate Name Office Sought: House X Senate President State: FL District: 00 Full Name (Last, First, Middle Initial) C. BILL OWENS FOR CONGRESS Mailing Address PO BOX 1575 City PLATTSBURGH Purpose of Disbursement Candidate Name Office Sought: House Senate President President Disburser	ment For: 2012 Primary Gener Other (specify) State Zip Code NY 12901 ment For: 2012 Primary Gener Other (specify) Other (specify)	Type al Category/ Type	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3)	()	FOR LINE	NUMBER: PAGE 10 OF 11
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check only	NOMBER:
LIMIZED DISDONSEIVILIAIS	for each category of the Detailed Summary Page) \ \ \ \ \ \ 21h \	22 🗙 23 24 25 26
	Detailed Sulfilliary Page	27	28a 28b 28c 29 30
Any information copied from such Reports an			
or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full)			
→ PHARMACEUTICAL CARE MAN	AGEMENT ASSOCIATION	POLITICAL A	CTION COMMITTEE (PCMA PAC)
/			
Full Name (Last, First, Middle Initial)			Data of Dishursament
A. FRIENDS OF LOIS CAPPS			Date of Disbursement
Mailing Address PO BOX 23940			12 16 2011
ag / taa. eee 6 Be/ 20040			12 10 2011
City	State Zip Code		Transaction ID - CD22 40CF
SANTA BARBARA	CA 93121		Transaction ID: SB23.4965
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Office Sought: A House	Nichuraamant Far: 0040	Туре	111300
Office Sought: House Senate	Disbursement For: 2012 Primary General		
President	Other (specify)		
State: CA District: 23	Curer (openity)		
Full Name (Last, First, Middle Initial)			
B. TREY GOWDY			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 3324			11 29 2011
City	State Zip Code		Transaction ID : SB23.4982
SPARTANBURG Purpose of Disbursement	SC 29304		
i dipose oi bispuisement			Amount of Each Disbursement this Period
Candidate Name		0-44 11 11 1	Table 3. Eddi. 2.55droomon. and 1 onod
TREY GOWDY FOR CONGR	RESS	Category/ Type	1000.00
	Disbursement For: 2012	71-71-	,
Senate	Y Primary General		
President	Other (specify) ▼		
State: SC District: 04			
Full Name (Last, First, Middle Initial)			
C. ORRIN G HATCH			Date of Disbursement
A 11			M = M / D = D / Y = Y = Y
Mailing Address 175 SOUTH WEST TEMP	LE SUITE 650		10 24 2011
City	State Zip Code		
SALT LAKE CITY	UT 84101		Transaction ID : SB23.4986
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name	W.O	Category/	2500.00
HATCH ELECTION COMMIT		Type	2500.00
_	Disbursement For: 2012		
X Senate	Primary General		
President State: UT District: 00	Other (specify)		
State: UT District: 00			
OUDTOTAL (D)			4500.00
SUBTOTAL of Disbursements This Page (or	otional)	······	4300.00
TOTAL This David /last asset this live word			
TOTAL This Period (last page this line numb	Jei Ulliy)		

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Use separate schedule(s) Check only one) Check one) Check only one) Check only one) Check only one) Check one)	S	CHEDULE B (FEC Form 3X)	FOR LINE		FOR LINE	NUMBER: PAGE 11 OF 11		
Detailed Summary Page 27 28a 28b 28c 29 30b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solding contributions from such committees to fact committee to soldic committee to sol	IT	EMIZED DISBURSEMENTS	Use separate schedule(s)		(check only	(check only one)		
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 PLAN ANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE) (PCMA PAC) Full Name (Last, First, Middle Initial) A. HORSFORD FOR CONGRESS Mailing Address 6100 ELTON AVE SUITE 1000 City State Zg Code LAS VEGAS NV 89107 Furpose of Disbursement Candidate Name Category/ Type Full Name (Last, First, Middle Initial) B. KLINE FOR CONGRESS Mailing Address 101 W BURNSVILLE PKWY SUITE 104 City State: NV District: 04 Full Name (Last, First, Middle Initial) B. KLINE FOR CONGRESS Mailing Address 101 W BURNSVILLE PKWY SUITE 104 City State: NV District: 04 Full Name (Last, First, Middle Initial) Cardidate Name Category/ Type Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINIA Mailing Address PO BOX 5202 City State: MN District: 02 Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINIA Mailing Address PO BOX 5202 City State: MN District: 02 Full Name (Last, First, Middle Initial) C. MANCHIN FOR WEST VIRGINIA Mailing Address Po BOX 5202 City State: WW District: 00 Citice Sought: Primary General Primary G								
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 Pail) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name (Last, First, Middle Initial) A. HORSFORD FOR CONGRESS Mailing Address 6100 ELTON AVE SUITE 1000 City Las VEGAS NV 89107 Purpose of Disbursement Candidate Name Candidate Name Primary Primary City State: NV State: Primary City City State: NV State: NV State: Primary City City City City State: NN State:	_							
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name (Last, First, Middle Initial) A. HORSFORD FOR CONGRESS Mailing Address 6100 ELTON AVE SUITE 1000 City State Zip Code NV 89107 Purpose of Disbursement Cardidate Name Office Sought: House Senate President State: NV District: 04 Full Name (Last, First, Middle Initial) B. KLINE FOR CONGRESS Mailing Address 101 W BURNSVILLE PKWY SUITE 104 City State Zip Code NN 55337 Purpose of Disbursement Cardidate Name Office Sought: House Senate President State: NV District: 04 City State Zip Code NN 55337 Purpose of Disbursement Cardidate Name Office Sought: House President State: NN District: 02 Full Name (Last, First, Middle Initial) State: NN District: 02 Full Name (Last, First, Middle Initial) Cardidate Name Office Sought: President State: NN District: 02 Full Name (Last, First, Middle Initial) Cardidate Name Category/ Type Office Sought: President State: NN District: 02 Full Name (Last, First, Middle Initial) City CHARLISTON WY 25361 Purpose of Disbursement Cardidate Name Category/ Type Office Sought: House President State: NN District: 02 State: WY District: 03 State: WY District: 03 State: WY District: 04 State: WY District: 05 Substratement For: 2012 Senate President State: WY District: 05 Substratement For: 2012 State: WY District: 06 Substratement For: 2012 State: WY District: 07 Substratement For: 2012 Substratement For: 2012 State: WY District: 07 Substratement For: 2012 State: WY District: 07 Substratement For: 2012 State: WY District: 07 Substratement For: 2012 Su								
Full Name (Last, First, Middle Initial) A. HORSFORD FOR CONGRESS Mailing Address 6100 ELTON AVE SUITE 1000 City State Zip Code NV 89107 Purpose of Disbursement Candidate Name Candidate Name Candidate Name Collegory Senate President Initial) B. KLINE FOR CONGRESS Mailing Address 101 W BURNSVILLE PKWY SUITE 104 City State Zip Code BURNSVILLE MN 55337 Full Name (Last, First, Middle Initial) Candidate Name Category Special President Initial State Senate President Initial Period Candidate Name Category Special President Initial State Senate President Initial State Initial Initial State	\setminus							
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