

# 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 **11 / 06 / 2018** in the State of **DC**  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  **/ /**  in the State of

5. Covering Period **10 / 01 / 2018** through **10 / 17 / 2018**

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 **10 / 25 / 2018**

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)

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="2018"/>	<input type="text" value="15239.52"/>	<input type="text" value="15239.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="21339.09"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5293.05"/>	<input type="text" value="46592.62"/>
(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="26632.14"/>	<input type="text" value="61832.14"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10500.00"/>	<input type="text" value="45700.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="16132.14"/>	<input type="text" value="16132.14"/>
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).....	5048.05	19302.62
(ii) Unitemized .....	245.00	1290.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5293.05	20592.62
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	26000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5293.05	46592.62
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)).....▶	5293.05	46592.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5293.05	46592.62

**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.....	10500.00	45700.00
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)) ..	10500.00	45700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	45700.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<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) .....	5293.05	46592.62
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5293.05	46592.62
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 13
	<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	

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 / 15 / 2018  
**Transaction ID : SA11AI.5796**  
 Amount of Each Receipt this Period 280.00  
 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 ▼ 3846.20

Date of Receipt 10 / 15 / 2018  
**Transaction ID : SA11AI.5797**  
 Amount of Each Receipt this Period 1346.17  
 Memo Item

**C. 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 ▼ 769.20

Date of Receipt 10 / 15 / 2018  
**Transaction ID : SA11AI.5799**  
 Amount of Each Receipt this Period 269.22  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1895.39  
**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 13
	<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. 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 ▼ 255.00

Date of Receipt 10 / 15 / 2018  
**Transaction ID : SA11AI.5801**  
 Amount of Each Receipt this Period 105.00  
 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 ▼ 2307.60

Date of Receipt 10 / 15 / 2018  
**Transaction ID : SA11AI.5800**  
 Amount of Each Receipt this Period 807.66  
 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 ▼ 400.00

Date of Receipt 10 / 15 / 2018  
**Transaction ID : SA11AI.5802**  
 Amount of Each Receipt this Period 140.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1052.66
<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 13
	<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. Joslin, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4440 Willard Ave  
 City Chevy Chase State MD Zip Code 20815  
 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 ▼ 400.00

Date of Receipt 10 / 15 / 2018  
**Transaction ID : SA11AI.5804**  
 Amount of Each Receipt this Period 140.00  
 Memo Item

**B. 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 / 15 / 2018  
**Transaction ID : SA11AI.5805**  
 Amount of Each Receipt this Period 140.00  
 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 ▼ 520.00

Date of Receipt 10 / 15 / 2018  
**Transaction ID : SA11AI.5812**  
 Amount of Each Receipt this Period 280.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	560.00
<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: (check only one)	PAGE 9 OF 13
	<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. Meier, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4471 Cascade Way  
 City Woodbridge State VA Zip Code 22192  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Senior Director Federal Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 10 / 15 / 2018  
**Transaction ID : SA11AI.5841**  
 Amount of Each Receipt this Period 350.00  
 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 / 15 / 2018  
**Transaction ID : SA11AI.5813**  
 Amount of Each Receipt this Period 1050.00  
 Memo Item

**C. Shrader, 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 ▼ 400.00

Date of Receipt 10 / 15 / 2018  
**Transaction ID : SA11AI.5814**  
 Amount of Each Receipt this Period 140.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5048.05

**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. CASEY, ROBERT P JR, , ,**

Mailing Address **PO BOX 58746**

City  
**PHILADELPHIA**

State  
**PA**

Zip Code  
**19102**

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input checked="" type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2018

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: **PA** District: **00**

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2018

FEC Identification Number

**C** **S6PA00217**

**Transaction ID : SB23.5839**

Amount of Each Disbursement this Period

**1000.00**

Memo Item

Full Name (Last, First, Middle Initial)

**B. EVERGREEN PAC**

Mailing Address **499 S CAPITOL ST, SW**  
**SUITE 422**

City  
**WASHINGTON**

State  
**DC**

Zip Code  
**20003**

Purpose of Disbursement

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2018

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2018

FEC Identification Number

**C** **C00576090**

**Transaction ID : SB23.5825**

Amount of Each Disbursement this Period

**500.00**

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARCHANT, KENNY E MR., , ,**

Mailing Address **PO BOX 110187**

City  
**CARROLLTON**

State  
**TX**

Zip Code  
**75011**

Purpose of Disbursement

Candidate Name

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2018

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: **TX** District: **24**

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2018

FEC Identification Number

**C** **H4TX24094**

**Transaction ID : SB23.5833**

Amount of Each Disbursement this Period

**1000.00**

Memo Item

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

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

2500.00

**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) <b>A. MCCONNELL, MITCH, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 2318 DUNDEE ROAD		FEC Identification Number <b>C</b> S2KY00012	
City LOUISVILLE	State KY	Zip Code 40205	<b>Transaction ID : SB23.5837</b>
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period 2500.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: KY District: 00			

Full Name (Last, First, Middle Initial) <b>B. MITCHELL, PAUL III, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 616 EDISON BOULEVARD		FEC Identification Number <b>C</b> H4MI04118	
City PORT HURON	State MI	Zip Code 48060	<b>Transaction ID : SB23.5819</b>
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period 500.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI District: 10			

Full Name (Last, First, Middle Initial) <b>C. NEAL, RICHARD E MR., , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2018	
Mailing Address 36 ATWATER TERRACE		FEC Identification Number <b>C</b> H8MA02041	
City SPRINGFIELD	State MA	Zip Code 01107	<b>Transaction ID : SB23.5848</b>
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period 1000.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MA District: 01			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<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

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. PASCRELL, WILLIAM J. JR., , ,**

Full Name (Last, First, Middle Initial)

Mailing Address POB 100

City TEANECK State NJ Zip Code 07666

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NJ District: 09

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C H6NJ08118

Transaction ID : SB23.5831

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. PEOPLE FOR BEN**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 31129

City SANTA FE State NM Zip Code 87594

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NM District: 03

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C C00443689

Transaction ID : SB23.5816

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. RESCHENTHALER, GUY MR., , ,**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 23177

City PITTSBURGH State PA Zip Code 15222

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: PA District: 14

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C H8PA18199

Transaction ID : SB23.5835

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2500.00

**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)**

**A. SASSE, BENJAMIN E, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 105 E 6TH STREET

City FREMONT State NE Zip Code 68025

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NE District: 00

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C S4NE00090

Transaction ID : SB23.5823

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. SHAHEEN, JEANNE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 73 PERKINS RD

City MADBURY State NH Zip Code 03823

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NH District: 00

Date of Disbursement: 10 / 17 / 2018

FEC Identification Number: C S0NH00219

Transaction ID : SB23.5821

Amount of Each Disbursement this Period: 500.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10500.00