Image# 15970352363 PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	Other Than An Addit	011204 00111111111			Office Use Only
NAME OF TYPE COMMITTEE (in full)	PE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	
PHARMACEUTICAL CARE	MANAGEMENT ASSO	CIATION POLIT	ICAL ACTI	ON COMM	ITTEE (PCMA PAC)
ADDRESS (number and street)	601 PENNSYLVANIA AVENU	JE NW STE 740			
Check if different					
than previously reported. (ACC)	WASHINGTON			DC	20004
2. FEC IDENTIFICATION NUME	BER ▼ CITY	_	S	STATE 🛦	ZIP CODE ▲
C C00388819	3. IS RE		NEW OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 2 Report Due On:	20 (M2)	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 2	20 (M3)	Jun 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
X April 15	Apr 2	0 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2)	Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q3)		M M /	D D /	Y	in the
January 31 Year-End Report (YE)	Election	on	<u> </u>		State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (300	ā)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Report for the:	M - M /	D D /	Y - Y - Y	in the
(1211)	Election	on	<u> </u>		State of
5. Covering Period 01	01 2015	through	M M	31	2015
I certify that I have examined this F	Report and to the best of n	nv knowledge and b	pelief it is true	e. correct and	l complete.
	Jonathan Heafitz				•
Signature of Treasurer Jonathan	Heafitz	[Electronically	, Filed] Da	ate 04	/ D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
NOTE: Submission of false arressess	o or incomplete information	may subject the para	on signing th	a Danart to th	o popultion of 2 LLS C \$427~
NOTE: Submission of false, erroneous Office	s, or incomplete information	may subject the pers	son signing th	ο περύπ το τη	FEC FORM 3X
Use Only					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)

01 2015 03 2015 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 7708.87 January 1, 2015 (b) Cash on Hand at 7708.87 Beginning of Reporting Period..... 19951.49 19951.49 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 27660.36 27660.36 6(a) and 6(c) for Column B)..... 15700.00 15700.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 11960.36 11960.36 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

×

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Report Covering the Period: From:	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)	4356.49	4356.49		
(1) 1101111200 (000 001100010 7)				
(ii) Unitemized	. 595.00	595.00		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	4951.49	4951.49		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	15000.00	15000.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry		40054.40		
Totals to Line 33, page 5)▶	19951.49	19951.49		
12. Transfers From Affiliated/Other	0.00	0.00		
Party Committees	0.00	0.00		
13. All Loans Received	0.00	0.00		
		7 7 7		
14. Loan Repayments Received	0.00	0.00		
15. Offsets To Operating Expenditures	7	7		
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
16. Refunds of Contributions Made				
to Federal Candidates and Other	0.00	0.00		
Political Committees	0.00	0.00		
(Dividends, Interest, etc.)	0.00	0.00		
18. Transfers from Non-Federal and Levin Fu				
(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),		ione: io		
12, 13, 14, 15, 16, 17, and 18(c))▶	19951.49	19951.49		
20. Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	19951.49	19951.49		
(Sabitati Line 10(0) Holli Line 10)	10001.40	10001.40		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
:1. C	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinati Total to Bato
	(i) Federal Share	0.00	0.00
	· ·		
/1	(ii) Non-Federal Share	0.00	0.00
(1	b) Other Federal Operating Expenditures	0.00	0.00
(0	c) Total Operating Expenditures	7	3.00
`	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Т	ransfers to Affiliated/Other Party		
	committees	0.00	0.00
F a	ederal Candidates/Committees nd Other Political Committees	15700.00	15700.00
	ndependent Expenditures	0.00	0.00
С	use Schedule E)oordinated Party Expenditures	0.00	0.00
(<u>2</u>	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
L	oan Repayments Made	0.00	0.00
	oạns Made	0.00	0.00
	lefunds of Contributions To: a) Individuals/Persons Other		0.00
	Than Political Committees	0.00	0.00
(k	b) Political Party Committees	0.00	0.00
(0			
	(such as PACs)	0.00	0.00
(0	d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
C	Other Disbursements	0.00	0.00
		7 7	7
	ederal Election Activity (2 U.S.C. §431(20))		
(8	a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	()		
	(ii) "Levin" Share	0.00	0.00
(t	b) Federal Election Activity Paid Entirely	0.00	0.00
(1	With Federal Funds c) Total Federal Election Activity (add	0.00	0.00
,,	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Т	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	15700.00	15700.00
	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	15700.00	15700.00
ıſ	rom Line 31)	13700.00	13700.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	19951.49	19951.49
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19951.49	19951.49
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. 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 I	LINE N	JMBER	:	PAGE		6	OF	13
(check only one)								
X 1	1a	11b		11c		12		
1	3	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 t	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. April Alexander		Date of Receipt
Mailing Address		01 29 2015
City	State Zip Code	Transaction ID : SA11AI.5043 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Kristin Bass Mailing Address 242 N. Jackson St.		Date of Receipt
Mailing Address 812 N. Jackson St City Arlington	State Zip Code VA 22201	01 29 2015 Transaction ID : SA11AI.5040 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation	1346.17
Pharmaceutical Care Mgmt Assoc	SVP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.17	
Full Name (Last, First, Middle Initial) C. Tim Brogan		Date of Receipt
Mailing Address 2804 9th Street S		01 29 2015 _
City Arlington	State Zip Code VA 22204	Transaction ID : SA11AI.5044 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	280.00
Name of Employer PCMA Receipt For: Primary General Other (specify) ▼	Occupation Policy Analyst Aggregate Year-to-Date ▼ 280.00	
SUBTOTAL of Receipts This Page (optional).		1866.17
TOTAL This Period (last page this line number	er only)	

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

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

FOR LIN	NUMBER	: PAGE	7 OF	13		
(check only 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

Full Name (Last, First, Middle Initial) Andy Cosgrove Mailing Address 2212 N Quintana Street		Date of Receipt
City	State Zip Code	01 29 2015 Transaction ID : SA11AI.5045
Arlington	VA 22205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	269.22
Name of Employer	Occupation	
PCMA	VP Policy	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	
Full Name (Last, First, Middle Initial) Clem Cypra	•	Date of Receipt
Mailing Address 1920 12th Street Unit 2		M = M / D = D / Y = Y = Y
City	State Zip Code	01 29 2015
Washington	DC 20009	Transaction ID : SA11AI.5048
	10000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	673.05
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 673.05	
Full Name (Last, First, Middle Initial)	'	
Brian McCarthy		Date of Receipt
Mailing Address 1922 37th Street	7.0.1	01 29 2015
City Washington	State Zip Code DC 20007	Transaction ID : SA11AI.5053 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	875.00
Name of Employer	Occupation	
PCMA	Assist VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	875.00	
(Special) \		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:				PAGE	:	8	OF	13			
	(check only 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.

NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name (Last, First, Middle Initial) Jerry Steiffl Date of Receipt Mailing Address 1401 North Oad St #990 2015 29 City State Zip Code Transaction ID: SA11AI.5055 VA Arlington 22209 Amount of Each Receipt this Period FEC ID number of contributing C 673.05 federal political committee. Name of Employer Occupation VΡ Pharmaceutical Care Mgmt Assoc Receipt For: Aggregate Year-to-Date ▼ Primary General 673.05 Other (specify) Full Name (Last, First, Middle Initial) В. 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) 673.05 SUBTOTAL of Receipts This Page (optional)..... 4356.49 TOTAL This Period (last page this line number only).....

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

lmage# 15970352371			
SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 13 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports ar or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MAN	AGEMENT A	SSOCIATION POLITICAL	ACTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) EXPRESS SERVICES INC PAC Mailing Address 9701 BOARDWALK BLVE)		Date of Receipt
City	State	Zip Code	02 20 2015 Transaction ID : SA11C.5027
OKLAHOMA CITY	OK	73162	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C cod	0302240	5000.00
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial)			

rederal politic	cal committee.		
Name of Emp	ployer	Occupation	
Receipt For: Primary Other (y General (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
	ast, First, Middle Initial) INC. POLITICAL ACTION	I COMMITTEE	Date of Receipt
	ess 975 F STREET, NW SUITE 550	20.10	03 27 Y 2015
City	ON!	State Zip Code DC 20004	Transaction ID : SA11C.5029
	ber of contributing cal committee.	C C00271007	Amount of Each Receipt this Period 5000.00
Name of Emp	ployer	Occupation	
Receipt For: Primary Other (y General (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (L C. UNITED	ast, First, Middle Initial) HEALTH PAC		Date of Receipt
Mailing Addre	ess 6214 WEDGEWOOD ROAD		03 27 2015
City		State Zip Code	Transaction ID : SA11C.5033
BETHESDA		MD 20817	Amount of Each Receipt this Period
	ber of contributing cal committee.	C C00321844	5000.00
Name of Emp	ployer	Occupation	
Receipt For: Primary Other (/ General	Aggregate Year-to-Date ▼ 5000.00	
SUBTOTAL of	Receipts This Page (optional)		15000.00
		only)	15000.00

SCHEDULE B (FEC Form 3X)	SCHEDULE B (FEC Form 3X)				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE I			
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26		
		27	28a 28b 28c 29 30b		
Any information copied from such Reports and Statem					
or for commercial purposes, other than using the nam	e and address of any politica	I committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)			OTION OOM WITTER (DOM DAG)		
$ \hspace{.05cm} \rangle$ PHARMACEUTICAL CARE MANAGEMI	ENT ASSOCIATION PO	OLITICAL A	CHON COMMITTEE (PCMA PAC)		
Full Name (Last, First, Middle Initial)					
A. ANN WAGNER FOR CONGRESS			Date of Disbursement		
			M M / D D / Y Y Y		
Mailing Address PO BOX 50			03 27 2015		
City	tate Zip Code				
•	MO 63022		Transaction ID : SB23.5024		
Purpose of Disbursement					
			Amount of Each Disbursement this Period		
Candidate Name	"	Category/	1000.00		
		Type	1000.00		
	ent For: 2016 Primary General				
	Primary General Other (specify)				
State: MO District: 02	other (opeony)				
Full Name (Last, First, Middle Initial)					
B. BEN SASSE FOR US SENATE INC			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address PO BOX 1976			03 18 2015		
City	tate Zip Code				
· ·	NE 68026		Transaction ID: SB23.5004		
Purpose of Disbursement					
			Amount of Each Disbursement this Period		
Candidate Name		Category/	500.00		
Office Sought: House Disbursem	ent For: 2020	Туре	7		
	Primary General				
	Other (specify)				
State: NE District: 00	·				
Full Name (Last, First, Middle Initial)					
C. DUCKWORTH FOR CONGRESS			Date of Disbursement		
Mailing Address B.O. DOV 50500			03 19 2015		
Mailing Address P.O. BOX 59568			03 19 2015		
City	tate Zip Code		Transaction ID : SB23.5007		
SCHAUMBURG	IL 60159		Transaction ID: 3623.3007		
Purpose of Disbursement					
Candidate Name			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1500.00		
Office Sought:	ent For: 2016	.,,,,	7		
	Primary General				
President	Other (specify) ▼				
State: IL District: 08					
			3000.00		
SUBTOTAL of Disbursements This Page (optional)			3000.00		

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 11 OF 13
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar	ments may not be sold or use ne and address of any politica	ed by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	ENT ASSOCIATION PO	OLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF PATRICK MURPHY			Date of Disbursement
Mailing Address 4521 PGA BLVD #412			03 12 2015
City PALM BEACH GARDENS	State Zip Code FL 33418		Transaction ID : SB23.5001
Purpose of Disbursement	1L 33410		
·			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2600.00
Office Sought: House Disburser	nent For: 2016 Primary General Other (specify)		
State: FL District: 18			
Full Name (Last, First, Middle Initial) B. HURD FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 761029			03 31 2015
SAN ANTONIO	State Zip Code TX 78245		Transaction ID : SB23.5014
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name	'	Category/ Type	500.00
	nent For: 2016 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. JOE KENNEDY FOR CONGRESS	}		Date of Disbursement
Mailing Address PO BOX 590464			03 31 7 2015
City NEWTON	State Zip Code MA 02459		Transaction ID : SB23.5020
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period 2500.00
Office Sought: House Disburser	nent For: 2016 Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			5600.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 12 OF 13
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any information posied from such Departs and Old	omente mou not be sald as as		
Any information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
PHARMACEUTICAL CARE MANAGE	MENT ASSOCIATION P	OLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial)		İ	
A. JOHNSON FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 14496			03 12 2015
City	State Zip Code		Townsellow ID ODGG 1000
POLAND	OH 44514		Transaction ID : SB23.4998
Purpose of Disbursement			Amount of Each Dishurance at this Book I
Candidate Name			Amount of Each Disbursement this Period
Candidate Hame		Category/ Type	2600.00
Office Sought: House Disburs	ement For: 2016	.,,,,	
Senate	Primary General		
President	Other (specify) ▼		
State: OH District: 06			
Full Name (Last, First, Middle Initial) B. LEVIN FOR CONGRESS			Date of Disbursement
LLVIIVI ON CONGRESS			M M / D D / Y Y Y Y
Mailing Address PO BOX 37			03 12 2015
City ROSEVILLE	State Zip Code MI 48066		Transaction ID : SB23.4988
Purpose of Disbursement	.5555		
			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Office Sought: Y House Disburs	ement For: 2016	Туре	7
	Primary General		
President	Other (specify) ▼		
State: MI District: 09	_		
Full Name (Last, First, Middle Initial)			Data of Diahamana
c. MCCONNELL SENATE COMMIT	IEE		Date of Disbursement
Mailing Address PO BOX 1496			03 31 2015
City	State Zip Code		Transaction ID : SB23.5017
LOUISVILLE Purpose of Disbursement	KY 40201		
			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1000.00
	ement For: 2020		
Senate President	Primary General Other (specify) ▼		
State: KY District: 00	Other (specify)		
444 33			
SUBTOTAL of Disbursements This Page (optional)			4600.00
	y)		

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 13 OF 13	
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 13 (check only one)		
TI ENTIFEED DISDOITSETVILING	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26	
	Detailed Suffillary Fage	27	28a 28b 28c 29 30b	
Any information copied from such Reports and State	ments may not be sold or use	d by any perso	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)				
PHARMACEUTICAL CARE MANAGEN	ENT ASSOCIATION PO	OLITICAL A	CTION COMMITTEE (PCMA PAC)	
			,	
Full Name (Last, First, Middle Initial)				
A. MIKE KELLY FOR CONGRESS			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address PO BOX 476			03 12 2015	
City	State Zin Code			
City LYNDORA	State Zip Code PA 16045		Transaction ID: SB23.4983	
Purpose of Disbursement	10045			
r dipose of Biobardement			Amount of Each Disbursement this Period	
Candidate Name			Timbulk of Eddin Elibarooment time 1 oned	
		Category/ Type	1000.00	
Office Sought:	ment For: 2016	.,,,,	, , , , , , , , , , , , , , , , , , , ,	
Senate	Primary General			
President	Other (specify) ▼			
State: PA District: 03				
Full Name (Last, First, Middle Initial)				
B. MULLIN FOR CONGRESS			Date of Disbursement	
			M = M / D = D / Y = Y = Y	
Mailing Address PO BOX 3681			03 12 2015	
,	State Zip Code		Transaction ID : SB23.4991	
MUSKOGEE Purpose of Disbursement	OK 74402			
Turpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name			Timbulk of Eddin Diobal control and 1 chica	
MULLIN FOR CONGRESS		Category/ Type	500.00	
	ment For: 2016	.,,,,,	,	
Senate	Primary General			
President	Other (specify) ▼			
State: OK District: 02				
Full Name (Last, First, Middle Initial)				
C. STIVERS FOR CONGRESS			Date of Disbursement	
			M M / D D / Y Y Y Y Y	
Mailing Address 4679 WINTERSET DRIVE			03 12 2015	
	State Zip Code OH 43220		Transaction ID: SB23.4995	
COLUMBUS Purpose of Disbursement	OH 43220			
. 4.,500 0. 2.054.00			Amount of Each Disbursement this Period	
Candidate Name		0.1	Amount of Each Disbursement this Period	
		Category/ Type	1000.00	
Office Sought: House Disburse	ment For: 2016	A1		
Senate	Primary General			
President	Other (specify) ▼			
State: OH District: 15				
'				
SUBTOTAL of Disbursements This Page (optional)			2500.00	
TOTAL This Period (last page this line number only)		15700.00	