



**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)

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="2013"/>		7927.84
(b) Cash on Hand at Beginning of Reporting Period.....	7258.60	
(c) Total Receipts (from Line 19) .....	18599.22	35929.98
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	25857.82	43857.82
7. Total Disbursements (from Line 31).....	9000.00	27000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	16857.82	16857.82
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

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:  /  /  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).....	3559.22	10529.98
(ii) Unitemized .....	40.00	400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3599.22	10929.98
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	18599.22	35929.98
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))..... ▶	18599.22	35929.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18599.22	35929.98

**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
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.....	9000.00	27000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	9000.00	27000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	27000.00

**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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18599.22	35929.98
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18599.22	35929.98
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 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) <b>A. Kristin Bass</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>25</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		25		2013
M M	/	D D	/	Y Y Y Y								
06		25		2013								
Mailing Address 812 N. Jackson St		<b>Transaction ID : SA11AI.4614</b>										
City Arlington	State VA	Zip Code 22201										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1346.17										
Name of Employer Pharmaceutical Care Mgmt Assoc	Occupation SVP											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.03											

Full Name (Last, First, Middle Initial) <b>B. Tim Brogan</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>25</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		25		2013
M M	/	D D	/	Y Y Y Y								
06		25		2013								
Mailing Address 2804 9th Street S		<b>Transaction ID : SA11AI.4617</b>										
City Arlington	State VA	Zip Code 22204										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00										
Name of Employer PCMA	Occupation Policy Analyst											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00											

Full Name (Last, First, Middle Initial) <b>C. Jonathan Heafitz</b>		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>06</td> <td></td> <td>25</td> <td></td> <td>2013</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	06		25		2013
M M	/	D D	/	Y Y Y Y								
06		25		2013								
Mailing Address 2704 Emmet Road		<b>Transaction ID : SA11AI.4618</b>										
City Silver Spring	State MD	Zip Code 20902										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00										
Name of Employer PCMA	Occupation Sr Director											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00											

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1801.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Barbara Levy</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>2</td><td>5</td><td></td> <td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	5		2	0	1	3														
Mailing Address 522 N.Alfred Street			<b>Transaction ID : SA11AI.4619</b>																				
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period <table border="1"> <tr> <td>1</td><td>4</td><td>0</td><td>0</td> </tr> </table>	1	4	0	0																
1	4	0	0																				
FEC ID number of contributing federal political committee. C																							
Name of Employer PCMA	Occupation Assist VP State Affairs and GC																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>2</td><td>6</td><td>0</td><td>0</td> </tr> </table>	2	6	0	0																		
2	6	0	0																				

Full Name (Last, First, Middle Initial) <b>B. Brian McCarthy</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>2</td><td>5</td><td></td> <td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	5		2	0	1	3														
Mailing Address 1922 37th Street			<b>Transaction ID : SA11AI.4620</b>																				
City Washington	State DC	Zip Code 20007	Amount of Each Receipt this Period <table border="1"> <tr> <td>4</td><td>4</td><td>5</td><td>0</td> </tr> </table>	4	4	5	0																
4	4	5	0																				
FEC ID number of contributing federal political committee. C																							
Name of Employer PCMA	Occupation Assist VP																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>5</td><td>3</td><td>5</td><td>0</td> </tr> </table>	5	3	5	0																		
5	3	5	0																				

Full Name (Last, First, Middle Initial) <b>C. Anne McCraw</b>			Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td> <td>1</td><td>1</td><td></td> <td>2</td><td>0</td><td>1</td><td>3</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	1	3
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	1		2	0	1	3														
Mailing Address 3802 Fulton S NW			<b>Transaction ID : SA11AI.4626</b>																				
City Washington	State DC	Zip Code 20007	Amount of Each Receipt this Period <table border="1"> <tr> <td>5</td><td>0</td><td>0</td><td>0</td> </tr> </table>	5	0	0	0																
5	0	0	0																				
FEC ID number of contributing federal political committee. C																							
Name of Employer PCMA	Occupation Sr Director																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>5</td><td>0</td><td>0</td><td>0</td> </tr> </table>	5	0	0	0																		
5	0	0	0																				

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<table border="1"> <tr> <td>1</td><td>0</td><td>8</td><td>5</td><td>0</td> </tr> </table>	1	0	8	5	0
1	0	8	5	0		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>					

# 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 12
(check only one)	
<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. Jerry Steiff**  
Full Name (Last, First, Middle Initial)

Mailing Address 1401 North Oad St  
#990

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C**

Name of Employer Pharmaceutical Care Mgmt Assoc Occupation VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.95

Date of Receipt  
MM / DD / YYYY  
06 / 25 / 2013

**Transaction ID : SA11AI.4621**

Amount of Each Receipt this Period  
673.05

**B.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	673.05
<b>TOTAL</b> This Period (last page this line number only).....▶	3559.22



**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 12
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)**

Full Name (Last, First, Middle Initial)  
**A. AETNA INC. POLITICAL ACTION COMMITTEE**

Mailing Address 20 F STREET, N.W.  
 SUITE 350

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00181826

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 26 / 2013

**Transaction ID : SA11C.4632**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**B. CVS/CAREMARK CORPORATION EMPLOYEES PAC**

Mailing Address 1300 EYE STREET, NW  
 SUITE 525W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00384818

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 08 / 2013

**Transaction ID : SA11C.4634**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**C. UNITEDHEALTH GROUP INCORPORATED PAC (UNITED FOR HEALTH)**

Mailing Address 9900 BREN ROAD EAST

City MINNETONKA State MN Zip Code 55343

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 06 / 26 / 2013

**Transaction ID : SA11C.4630**

Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> This Period (last page this line number only).....	15000.00

**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"/> 24	<input type="checkbox"/> 25	<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. WILLIAM CASSIDY**

Mailing Address 3115 DALRYMPLE DRIVE  
SUITE 1

City State Zip Code  
BATON ROUGE LA 70802

Purpose of Disbursement

Candidate Name

**BILL CASSIDY FOR US SENATE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2013

**Transaction ID : SB23.4572**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. TAMMY L. DUCKWORTH**

Mailing Address 1800 BOLLEANA COURT

City State Zip Code  
HOFFMAN ESTATES IL 60192

Purpose of Disbursement

Candidate Name

**DUCKWORTH FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2013

**Transaction ID : SB23.4590**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. JOSEPH L KENNEDY**

Mailing Address 20 HYDE PARK ST

City State Zip Code  
DEDHAM MA 02026

Purpose of Disbursement

Candidate Name

**JOE KENNEDY FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2013

**Transaction ID : SB23.4596**

Amount of Each Disbursement this Period

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

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

4500.00
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**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"/> 24	<input type="checkbox"/> 25	<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. PATRICK MURPHY**

Mailing Address 4521 PGA BLVD. #412

City PALM BEACH GARDENS State FL Zip Code 33418

Purpose of Disbursement

Candidate Name  
**FRIENDS OF PATRICK MURPHY**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 18

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	1	3		

**Transaction ID : SB23.4593**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. MICHAEL R POMPEO**

Mailing Address 1310 PERTH COURT

City WICHITA State KS Zip Code 67208

Purpose of Disbursement

Candidate Name  
**POMPEO FOR CONGRESS INC**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KS District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	1	3		

**Transaction ID : SB23.4603**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. TIMOTHY SCOTT**

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement

Candidate Name  
**TIM SCOTT FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: SC District: 00

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	1	3		

**Transaction ID : SB23.4599**

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

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

3	0	0	.	0	0
---	---	---	---	---	---

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

3	0	0	.	0	0
---	---	---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 24 / 2013

**Transaction ID : SB23.4606**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. GREGORY P MR. WALDEN**

Mailing Address 1504 SHERMAN AVENUE

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

**WALDEN FOR CONGRESS**

Office Sought:  House  Senate  President  
State: OR District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2013

**Transaction ID : SB23.4575**

Amount of Each Disbursement this Period

500.00

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

Amount of Each Disbursement this Period

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

1500.00

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

9000.00