Image# 13964045374				PAGE 1 / 12
FEC A	EPORT OF ND DISBUR Other Than An Auth	SEMENTS	0#	
1. NAME OF TY	PE OR PRINT V	Example: If typing, t	-	e Use Only
COMMITTEE (in full)		over the lines.	IZFE4M5	
ADDRESS (number and street)	601 PENNSYLVANIA AVENI	JE NW STE 740		
▼				
Check if different than previously reported. (ACC)	WASHINGTON		DC 20	004
2. FEC IDENTIFICATION NUM		(		
C C00388819	3. IS		_	
<ul> <li><b>4. TYPE OF REPORT</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	Report Due On: Mar :	20 (M3)	20 (M5) Aug 20 (M 20 (M6) Sep 20 (M 0 (M7) Oct 20 (M <sup>-</sup>	9) Dec 20 (M12) (Non-Election (Non-Election Year Only)
April 15 Quarterly Report (Q1) X July 15 Quarterly Report (Q2) October 15	(c) 12-Day PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G)	Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election	n on		in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election	n on	D / Y = Y = Y = Y	in the State of
5. Covering Period 04	/ D D / Y Y Y Y 01 2013	Y through	M M / D D / Y 06 30	Y Y Y 2013
I certify that I have examined this	Report and to the best of	my knowledge and belie	f it is true, correct and com	plete.
Type or Print Name of Treasurer	Jonathan Heafitz			
Signature of Treasurer	n Heafitz	[Electronically File	d] Date 07	12 / Y Y Y Y 2013
NOTE: Submission of false, erroneou	s, or incomplete information	may subject the person s	signing this Report to the pen	alties of 2 U.S.C. §437g.
Office Use Only			F	EC FORM 3X Rev. 12/2004

07/12/2013 14 : 57

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) M Y Y M D Y 01 06 30 Report Covering the Period: 04 2013 2013 From: To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand 6. Y 7927.84 January 1, 2013 (b) Cash on Hand at 7258.60 Beginning of Reporting Period..... 35929.98 18599.22 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 25857.82 43857.82 6(a) and 6(c) for Column B)..... 9000.00 27000.00 7. Total Disbursements (from Line 31)..... Cash on Hand at Close of 8. Reporting Period 16857.82 16857.82 (subtract Line 7 from Line 6(d)) ..... Debts and Obligations Owed TO 9. 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

X

DETAILED SUMMARY PAGE of Receipts										
FEC Form 3X (Rev. 06/2004)		Page 3								
Write or Type Committee Name PHARMACEUTICAL CARE MANAGEME	NT ASSOCIATION POLITICAL ACTION	ON COMMITTEE (PCMA PAC)								
Report Covering the Period: From: 04	M / D D / Y Y Y Y 01 2013 To	. 06 / D D / Y Y Y Y 06 2013								
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	3599.22	10929.98								
Lines 11(a)(i) and (ii)	5099.22	10923.30								
(b) Political Party Committees	0.00	0.00								
(c) Other Political Committees	15000.00	25000.00								
(such as PACs)	13000.00	25000.00								
<ul><li>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry</li></ul>										
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.)	0.00	0.00								
(Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made		0.00								
to Federal Candidates and Other										
Political Committees	0.00	0.00								
17. Other Federal Receipts										
(Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds	0.00	0.00								
(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
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.0
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.0
(c) Total Operating Expenditures	7 7	7 7
(add 21(a)(i), (a)(ii), and (b)) ►	0.00	0.0
Transfers to Affiliated/Other Party Committees	0.00	0.0
Contributions to		
Federal Candidates/Committees and Other Political Committees Independent Expenditures	9000.00	27000.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.0
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loopo Modo	0.00	0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.0
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees (such as PACs)	0.00	0.0
<ul> <li>(d) Total Contribution Refunds</li> <li>(add Lines 28(a), (b), and (c))</li> </ul>	0.00	0.00
Other Disbursements	0.00	0.00
<ul><li>Federal Election Activity (2 U.S.C. §431(20))</li><li>(a) Allocated Federal Election Activity</li></ul>		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.0
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.0
(c) Total Federal Election Activity (add 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))	9000.00	27000.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	9000.00	27000 00
from Line 31)	9000.00	27000.00

FE6AN026

I

### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
. Total Contributions (other than loans) (from Line 11(d), page 3)	18599.22	35929.98				
. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18599.22	35929.98				
. 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

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

12

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b 14		11c 15		12 16	17		
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAG	EMENT A	SSOCIATION POLITICAL	ACT	ION	со	MM	ITT	EE (F	РСМ	IA P.	AC)		
Α.	Full Name (Last, First, Middle Initial) Kristin Bass				Date c	of Re	eceipt	t						
	Mailing Address 812 N. Jackson St				<sup>M</sup> ■ N 06	1 /		25	/ Y		)13	Y		
	City Arlington	State VA	Zip Code 22201				-		SA11AI					
	FEC ID number of contributing federal political committee.	C			Amour	nt of	Each	ו Re	ceipt tl		eriod 1346	.17		
	Name of Employer Pharmaceutical Care Mgmt Assoc	Occupation SVP	1											
	Receipt For:	-	Year-to-Date ▼											
	Other (specify)	<u> </u>	2500.03											
в.	Full Name (Last, First, Middle Initial) Tim Brogan			1	Date o	of Re	eceipt	t						
	Mailing Address 2804 9th Street S			06 25 YEYEY 2013										
	City	State	Zip Code		Tran	sact	ion IC	) : S	A11AI	4617	,			
	Arlington	VA 22204								nis Pe	eriod			
	FEC ID number of contributing federal political committee.	С					7	_	7		280	.00		
	Name of Employer PCMA	Occupation Policy Analy												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00											
<u>с</u> .	Full Name (Last, First, Middle Initial) Jonathan Heafitz			1	Date o	of Re	eceipt	t						
	Mailing Address 2704 Emmet Road				M 06	/		25	/ Y	20	13	Y		
	City Silver Spring	State MD	Zip Code 20902						SA11AI					
	FEC ID number of contributing federal political committee.	С			Anour		1		, ee ipt 1		175	.00		
	Name of Employer	Occupation	1	_										
	РСМА	Sr Director												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		325.00											
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number						7	-	- 7		1801.	17		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7

OF

12

		Detailed Summary Page		X 11a		11b	11c	12					
Any information copied from such Reports an													
or for commercial purposes, other than using NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MAN	-												
Full Name (Last, First, Middle Initial)         A. Barbara Levy         Mailing Address 522 N.Alfred Street         City         Alexandria         FEC ID number of contributing federal political committee.         Name of Employer	Zip Code 22314			sact	25 tion ID :		is Period	0.00					
PCMA Receipt For: Primary General Other (specify) ▼		State Affairs and GC Year-to-Date ▼ 260.00											
B. Full Name (Last, First, Middle Initial) B. Brian McCarthy Mailing Address 1922 37th Street	Date of Receipt												
Washington         FEC ID number of contributing federal political committee.         Name of Employer         PCMA         Receipt For:         Primary       General         Other (specify)	DC C Occupation Assist VP Aggregate	20007 Year-to-Date ▼ 535.00		Amoun	it of	Each F	Receipt th		5.00				
Full Name (Last, First, Middle Initial)         C. Anne McCraw         Mailing Address 3802 Fulton S NW         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer         PCMA         Receipt For:         Primary       General         Other (specify) ▼	State DC C Occupation Sr Director Aggregate				sac	11 tion ID :		iis Period					
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num		· · · · · · · · · · · · · · · · · · ·	-   -		-	7		1085	.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 8 OF

12

			Detailed Summary Page		< 11a 13		_	1b 4	11c	1		17
Ar	ny information copied from such Reports and State for commercial purposes, other than using the na	ements ma me and a	ay not be sold or used by any pe	rson	for the	pui	rpo	se of	solicitin	g conti	ributi	ions
	NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEN											
<u>к</u>	Full Name (Last, First, Middle Initial) Jerry Steiffl				Date c	of Re	ece	eipt				
	Mailing Address 1401 North Oad St #990				м м 06	1	/	25		201		Y
	City Arlington	State VA	Zip Code 22209						SA11A		riod	
	FEC ID number of contributing federal political committee.	С					1				673.	05
		Occupation P										
	Receipt For:     A       Primary     General       Other (specify) ▼		Year-to-Date ▼ 1249.95									
в.	Full Name (Last, First, Middle Initial)				Date c	of Re	ece	eipt				
	Mailing Address				M	/	/	DD	/ Y	Y	Y	Y
	City	State Zip Code										
	FEC ID number of contributing federal political committee.	С				7						
	Name of Employer C	Occupation										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼									
<u>с</u> .	Full Name (Last, First, Middle Initial)				Date c	of Re	ece	eipt				
	Mailing Address				M N	1	/	D D		Y	Y	Y
	City	State	Zip Code		Amour	nt of	f E:	ach B	eceipt t	his Per	riod	
	FEC ID number of contributing federal political committee.	С					1		,			
	Name of Employer	Occupation										
	Receipt For:     Primary     General       Primary     Other (specify) ▼		Year-to-Date ▼									
⊢	UBTOTAL of Receipts This Page (optional)			<u> </u>			7	-	· · ·	-	673.0	-
T	OTAL This Period (last page this line number only	y)	····· •				"			35	559.2	<u>~</u>

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 9 OF

12

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check or							
		for each category of the Detailed Summary Page	11a	11b	X 11c	12				
Any information copied from such Reports a or for commercial purposes, other than usin	nd Statements mag the name and a	A not be sold or used by any paddress of any political committe	erson for the e to solicit co	purpose of purpose of the purpose of	15 of soliciting from sucl	16 g contribu h committ	tions tee.			
	NAGEMENT A	SSOCIATION POLITICAL	ACTION	COMMI	TTEE (P	'CMA P	AC)			
Full Name (Last, First, Middle Initial) A. AETNA INC. POLITICAL ACTION			Date of	of Receipt						
Mailing Address 20 F STREET, N.W. SUITE 350			06	M / D 2		2013	Y			
City WASHINGTON	State DC	Zip Code 20001	Tran	saction ID	: SA11C.4	4632				
FEC ID number of contributing federal political committee.		0181826		nt of Each		5000				
Name of Employer	Occupation	1								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	]							
Full Name (Last, First, Middle Initial) B. CVS/CAREMARK CORPORAT		EES PAC	Date	of Receipt						
Mailing Address 1300 EYE STREET, NW SUITE 525W			04			y y 2013	Y			
City WASHINGTON	State DC	Zip Code 20005		saction ID nt of Each						
FEC ID number of contributing federal political committee.	C cod	0384818				5000	.00			
Name of Employer	Occupation	1								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	]							
Full Name (Last, First, Middle Initial) C. UNITEDHEALTH GROUP INCOR	PORATED PAC	C (UNITED FOR HEALTH)	Date of	of Receipt						
Mailing Address 9900 BREN ROAD EAS	Г		06		D / Y	2013	Y			
City MINNETONKA	State MN	Zip Code 55343		<b>saction ID</b> nt of Each		4630	_			
FEC ID number of contributing federal political committee.	Ссо	0274431				5000				
Name of Employer	Occupation	1								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	]							
SUBTOTAL of Receipts This Page (optiona	al)					15000.	.00			
TOTAL This Period (last page this line num	,					15000.	.00			

S	CHEDULE B (FEC Form 3X)			F	OR I		UMBER:			P/	AGE	10	OF 12	2					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	only	one)												
	_		Summary Page			21b 27	22 28a	× 23		24 280		25 29	$\begin{bmatrix} 2\\ 3 \end{bmatrix}$	6 0b					
	y information copied from such Reports and Staten for commercial purposes, other than using the nan				any	perso	n for the	purpos	se o	f soliciti	ng co	ontribu	itions						
	NAME OF COMMITTEE (In Full)																		
$\sum$	PHARMACEUTICAL CARE MANAGEM	ENT ASS	SOCIATION P	OLIT	ICA		MA F	PAC)											
Δ.	Full Name (Last, First, Middle Initial) WILLIAM CASSIDY						Date of	Disbu	rse	ment									
	WILLIAM CASSID I						M M												
	Mailing Address 3115 DALRYMPLE DRIVE SUITE 1						04		10	)	_2	013							
	5	State LA	Zip Code 70802				Trans	action	ID	: SB23.4	1572								
	BATON ROUGE Purpose of Disbursement	LA	70802																
							Amount	of Ea	ch	Disburse	emen	t this	Period						
	Candidate Name			Cate	egor∖	y/						100	2 00	1					
	BILL CASSIDY FOR US SENATE			Ty	ype				-			100	5.00	1					
		nent For: ; Primary	2014 General																
	President	Other (spe																	
	State: District:		- <b>3</b> 7 <b>•</b>																
	Full Name (Last, First, Middle Initial)																		
В.	TAMMY L. DUCKWORTH						Date of	Disbu	rse	ment									
	Mailing Address 4000 DOLLEANA COUDT						04 23 2013												
	Mailing Address 1800 BOLLEANA COURT						04 23				2	013							
		State	Zip Code				Transaction ID : SB23.4590												
	HOFFMAN ESTATES Purpose of Disbursement	IL	60192																
							Amount	of Ea	ch	Disburse	emen	t this	Period						
	Candidate Name			Cate	egory	y/	1000.00												
	DUCKWORTH FOR CONGRESS				ype	, 				7		100	0.00	4					
		nent For: Primary	2014 General																
		Other (spe																	
	State: IL District: 08																		
_	Full Name (Last, First, Middle Initial)						Data of	Disku											
С.	JOSEPH L KENNEDY						Date of												
	Mailing Address 20 HYDE PARK ST						06	/	26			013	Y						
	City	State	Zip Code				Trane	action	п	: SB23.4	1506								
		MA	02026				mans	action		. 0023.	+550								
	Purpose of Disbursement						Amount	of Ea	ch	Diahura		t thia	Deried						
	Candidate Name			Category/			Amount of Each Disbursement this Period												
	JOE KENNEDY FOR CONGRESS	6			ype	y/						250	0.00						
		nent For:						,		,									
	Senate X	Primary	General																
	State: MA District: 04	Other (spe	city) 🔻																
							_	_			_	-	_	i.					
s	UBTOTAL of Disbursements This Page (optional)						<u> </u>	7	-	7	_	4500	0.00	Į					
т	OTAL This Period (last page this line number only)							,					_						

S	CHEDULE B (FEC Form 3X)					LINE NUMBER: PAGE 11 OF 12													
	EMIZED DISBURSEMENTS		parate schedule(s)		-	only	-			<u> </u>			~1	. 2					
• •			a category of the Summary Page			21b	22	X	23	24		25		26					
_		Dotalleu				27	28a		28b	280	;	29		30b					
	y information copied from such Reports and State for commercial purposes, other than using the nar																		
	NAME OF COMMITTEE (In Full)																		
$ \rangle$	PHARMACEUTICAL CARE MANAGEM	IENT AS	SOCIATION F	POLIT		L AC		CON	MMI	TTEE			AC)	)					
V		-		-	-	-	_						- /						
	Full Name (Last, First, Middle Initial)																		
Α.	PATRICK MURPHY						Date of	f Dis	burse	ment									
	Mailing Address 4521 PGA BLVD. #412						06 26 2013												
	Maining Address 4521 FOA BEVD. #412						00		2	0	2	015							
	City	State	Zip Code				Tropo			. 6000	23.4593								
	PALM BEACH GARDENS	FL	33418				Trans	actio	טו חכ	: 3023.	4595	10							
	Purpose of Disbursement					11	<b>A</b>			Dieleuwe	sement this Period								
	Candidate Name					-11	Amoun		ach	Dispurs	emen	t triis r	eno	a					
	FRIENDS OF PATRICK MURPHY				egory ype	y/						500	.00						
		ment For:	2014		урс		_		,	,									
	Senate	Primary	General																
	President	Other (spe	ecify) 🔻																
	State: FL District: 18																		
_	Full Name (Last, First, Middle Initial)																		
В.	MICHAEL R POMPEO						Date of	t Dis											
	Mailing Address 1310 PERTH COURT						06 26 201												
	Maning Address 1310 PERTH COURT						00	1	-	0	2	010							
	City	State	Zip Code				Trans	actio	on ID	: SB23.	4603								
	WICHITA	KS	67208				inane		01112	. 0020									
	Purpose of Disbursement						Amount	t of F	=ach	Disburs	men	t this F	Perio	Ы					
	Candidate Name	Category/					Amount of Each Disbursement this Period												
	POMPEO FOR CONGRESS INC				egory jype	//			,			500	.00						
	Office Sought: X House Disburse	ment For:	2014																
		Primary	General																
	President	Other (spe	ecify) 🔻																
_	State: KS District: 04																		
С	Full Name (Last, First, Middle Initial) TIMOTHY SCOTT						Date of	f Dis	hurse	ment									
•.							M M	/	D		V V	Y	Y						
	Mailing Address 1405 ASHLEY RIVER ROAD						06	Ĺ	2			013							
	City CHARLESTON	State SC	Zip Code 29407				Trans	sactio	on ID	: SB23.	4599								
	Purpose of Disbursement	30	29407	_		_													
				1.1			Amount	t of E	Each	Disburs	emen	t this F	Perio	d					
	Candidate Name			Cat	egory	<i>y</i> /						2000	00						
	TIM SCOTT FOR SENATE	AIE Туре		·			,		_	2000	.00								
		ment For:	-																
	Y Senate President	Primary Other (spe	General																
	State: SC District: 00	Other (sp	cony) V																
Г							_	-	_					-					
s	UBTOTAL of Disbursements This Page (optional)										-	3000	.00						
⊢										-7									
т	OTAL This Period (last page this line number only	)							,		_		_						

SCHEDULE B (FEC Form 3X)			NUMBER: PAGE 12 OF 12
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	
	for each category of the Detailed Summary Page	21b 27	22         X         23         24         25         26           28a         28b         28c         29         30b
Any information copied from such Reports and Sta or for commercial purposes, other than using the			
	EMENT ASSOCIATION PO		CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial)			Date of Disbursement
A. TENN POLITICAL ACTION CON		AC)	
Mailing Address 228 S WASHINGTON STREET	SUITE 115		04 24 2013
City	State Zip Code		Transaction ID : SB23.4606
ALEXANDRIA Purpose of Disbursement	VA 22314		
			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Office Sought: House Disbu	esement For: 2013 Primary General X Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			
B. GREGORY P MR. WALDEN			Date of Disbursement
Mailing Address 1504 SHERMAN AVENUE			04 23 2013
City HOOD RIVER	State Zip Code OR 97031		Transaction ID : SB23.4575
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
WALDEN FOR CONGRESS		Туре	300.00
Office Sought: X House Disbu	sement For: 2014 Primary General Other (specify)		
State: OR District: 02			
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		
Purpose of Disbursement			
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbu	sement For: Primary General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional	l)	••••••	1500.00
TOTAL This Period (last page this line number o	nly)	•••••• •	9000.00