PAGE 1 / 16

Image# 201507159000171441

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

For	Other Than An Au	thorized Committe	ee		Office Use Only
1. NAME OF TYPE COMMITTEE (in full)	PE OR PRINT ▼	Example: If typin over the lines.	ng, type	12FE4M5	
PHARMACEUTICAL CARE N	MANAGEMENT AS	SOCIATION POLIT	TICAL ACTI	ON COMM	ITTEE (PCMA PAC)
ADDRESS (number and street)	01 PENNSYLVANIA AVE	NUE NW STE 740			
Check if different					
than previously reported. (ACC)	WASHINGTON			DC	20004
2. FEC IDENTIFICATION NUME	BER ▼ C	ITY 🛦	S	STATE 🛦	ZIP CODE ▲
C C00388819			NEW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)	=	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Ma	ar 20 (M3)	Jun 20 (M6)	Sep 2	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Ap	or 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election	Primary (12F	?)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (12C)	Special (1	12S)
January 31 Year-End Report (YE)	Elect	ion on	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (300	G)	Runoff (3	OR) Special (30S)
Termination Report (TER)	Report for the:	ion on	D = D /	Y	in the State of
5. Covering Period 04	01 2015	through	M M M	/ 30 /	2015
I certify that I have examined this R	eport and to the best of	of my knowledge and I	pelief it is true	e, correct and	complete.
Type or Print Name of Treasurer	Jonathan Heafitz				
Signature of Treasurer Jonathan	Heafitz	[Electronically	y Filed] Da	ate 07	15 / 2015
NOTE: Submission of false, erroneous	, or incomplete informati	on may subject the pers	son signing th	is Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

01 06 30 Report Covering the Period: 04 2015 2015 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 11960.36 Beginning of Reporting Period..... 34005.31 14053.82 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 26014.18 41714.18 6(a) and 6(c) for Column B)..... 23000.00 38700.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 3014.18 3014.18 (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)

Rep	ort Covering the Period: From: 04		06 30 2015
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees	3543.82	7900.31
	(i) Itemized (use Schedule A)		
	(ii) Unitemized(iii) TOTAL (add	510.00	1105.00
	Lines 11(a)(i) and (ii)▶	4053.82	9005.31
`	o) Political Party Committees	0.00	0.00
(0	(such as PACs)	10000.00	25000.00
,	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14053.82	34005.31
	ransfers From Affiliated/Other arty Committees	0.00	0.00
13. A	Il Loans Received	0.00	0.00
14 I	oon Donoumento Donoivad	0.00	0.00
15. C	oan Repayments Received	0.00	0.00
((Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) efunds of Contributions Made	0.00	0.00
	Federal Candidates and Other olitical Committees	0.00	0.00
	other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
18. T	ransfers from Non-Federal and Levin Funds a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
(k	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))▶	14053.82	34005.31
	otal Federal Receipts subtract Line 18(c) from Line 19)▶	14053.82	34005.31

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		Calcillati icar-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non Fodoud Chara	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures	7	
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party		
Contributions to	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	23000.00	38700.00
Independent Expenditures		
(use Schedule E)	0.00	0.00
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	2.22
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Louis riopaymonio Mado		
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	0.00	0.00
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	5.50	
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	0.00	0.00
Fodoral Floation Activity (2.11.5.C. \$421(20))		
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	0.00	0.00
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
Lines so(a)(i), so(a)(ii) and so(b))	7	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23000.00	38700.00
,,,,		
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	222222	20702.22
from Line 31)	23000.00	38700.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures							
3. Total Contributions (other than loans) (from Line 11(d), page 3)	14053.82	34005.31					
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00					
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14053.82	34005.31					
3. 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					
8. 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:					PAGE	PAGE 6 OF						
(0	che	ck only	or	ne)								
	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

PHARMACEUTICAL CARE MAN	NAGEMENT ASSOCIATION POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) April Alexander		Date of Receipt
Mailing Address 2127 California St, NW #	103	04 20 2015
City	State Zip Code	Transaction ID : SA11AI.4989
Washington	DC 20008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer	Occupation	
PCMA	Sr Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	480.00	
Full Name (Last, First, Middle Initial) Kristin Bass	1	Date of Receipt
Mailing Address 812 N. Jackson St		04 20 _2015 _
City	State Zip Code	04 20 2015 Transaction ID : SA11AI.4991
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing		Tanada a Lacar Todolpt and Tollod
federal political committee.	C	1153.86
Name of Employer	Occupation	
Pharmaceutical Care Mgmt Assoc	SVP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.03	
Full Name (Last, First, Middle Initial)		
Tim Brogan		Date of Receipt
Mailing Address 2804 9th Street S		04 20 / 2015
City	State Zip Code VA 22204	Transaction ID : SA11AI.4993
Arlington	VA 22204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer	Occupation	
PCMA	Policy Analyst	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	520.00	
	I)	1633.86

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	16
(check only one)										
	×	11a		11b		11c		12		
		13		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAG	EMENT ASSOCIATION POLITICAL AC	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) Andy Cosgrove		Date of Receipt
Mailing Address 2212 N Quintana Street		04 202015
City Arlington	State Zip Code VA 22205	Transaction ID : SA11AI.4995
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 230.76
Name of Employer PCMA Receipt For: Primary General	Occupation VP Policy Aggregate Year-to-Date ▼	
Other (specify)	499.98	
Full Name (Last, First, Middle Initial) Clem Cypra Mailing Address 1920 12th Street Unit 2		Date of Receipt
City Washington	State Zip Code DC 20009	04 20 2015 Transaction ID : SA11AI.4997 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	352.30
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.35	
Full Name (Last, First, Middle Initial) . Brian McCarthy		Date of Receipt
Mailing Address 1922 37th Street		04 20 _2015 _
City Washington	State Zip Code DC 20007	Transaction ID : SA11AI.5002 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer PCMA	Occupation Assist VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00	
SUBTOTAL of Receipts This Page (optional)		1333.06
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:					PAGE	8	OF	16
(che	ck only	or	ie)					
X	11a		11b		11c	12		
	13		14		15	16		17

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

or for commercial purposes, other than using	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MAN	NAGEMENT ASSOCIATION POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) A. Jerry Steiffl		Date of Receipt
Mailing Address 1401 North Oad St #990		04 20 2015
City	State Zip Code	Transaction ID : SA11AI.5004
Arlington	VA 22209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	576.90
Name of Employer	Occupation	
Pharmaceutical Care Mgmt Assoc	VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.95	
Full Name (Last, First, Middle Initial) 3.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)	·	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	, another the Each Heceipt this Pellou
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	ı) >	576.90
TOTAL This Period (last page this line num	<u>·</u>	3543.82

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	F	OR	LINE	NU	IMBER	:	PAGE		9	OF	16
Use separate schedule(s)	(c	he	ck only	or	ne)						
for each category of the Detailed Summary Page			11a		11b	X	11c		12		
			13		14		15		16		17
not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and Statements may 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) AETNA INC. POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 20 F STREET, N.W. SUITE 350 04 07 2015 City Zip Code State Transaction ID: SA11C.4984 DC WASHINGTON 20001 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00181826 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. CVS HEALTH PAC Date of Receipt Mailing Address 1275 PENNSYLVANIA AVENUE, NW SUITE 700 04 01 2015 City State Zip Code Transaction ID: SA11C.4986 WASHINGTON DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00384818 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) 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) 10000.00 SUBTOTAL of Receipts This Page (optional)..... 10000.00 TOTAL This Period (last page this line number only).....

S	CHEDULE B (FEC Form 3X)				OP !	INIE N	UMBER				PAGE	10	OF 16	
	EMIZED DISBURSEMENTS		parate schedule(s)		_		only one)							
• •			category of the	`		21b	22	X	23		24	25	<u>26</u>	
		Detailed	Summary Page		\square	27	28a	H	28b	\square	28c	29	301	
Ar	ny information copied from such Reports and Staten	nents may	not be sold or us	sed by	any	persor	n for the	purp	ose o	of sol	citing c	ontribu	utions	
	for commercial purposes, other than using the name													
\setminus	NAME OF COMMITTEE (In Full)													
$ \rangle$	PHARMACEUTICAL CARE MANAGEM	ENT AS	SOCIATION F	POLIT	TICA	L AC	TION	COI	MMI	TTE	E (PC	MA F	PAC)	
\angle											`			
	Full Name (Last, First, Middle Initial)													
Α.	BILIRAKIS FOR CONGRESS			Date of Disbursement										
				M M / D D / Y Y Y Y Y										
	Mailing Address PO BOX 606						04 30 2015							
	City	State	Zip Code			_								
	TARPON SPRINGS	FL	34688				Trans	sactio	on ID	: SB	23.5023	3		
	Purpose of Disbursement	· -	0-1000			=								
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	Candidate Name			Cat	ogor			-	-	_		_		
	GUS M BILIRAKIS				egory ype	"			7			200	0.00	
		nent For:	2016			\dashv								
	Senate	Primary	General											
	President	Other (spe	ecify) 🔻											
	State: FL District: 12													
	Full Name (Last, First, Middle Initial)					T								
В.	BILL FLORES FOR CONGRESS						Date o	of Dis	burse	ment				
							M = M	/		D /		ΥΥΥ	Y	
	Mailing Address PO BOX 6207						04		3	0		2015		
	011	<u> </u>												
	City S BRYAN	State TX	Zip Code 77805				Trans	sacti	on ID	: SB	23.5016	6		
	Purpose of Disbursement		77003											
	·			Ι.			Amoun	nt of I	Each	Disbu	ırsemei	nt this	Period	
	Candidate Name			Cat	egory	,/		-	-	-	-	-		
					ype	"			,		7	100	0.00	
	Office Sought:	nent For:	2016	.,,,,,										
	Senate	Primary	General											
	President	Other (spe	ecify) 🔻											
_	State: TX District: 17													
	Full Name (Last, First, Middle Initial)													
C.	BILLY LONG FOR CONGRESS						Date o	of Dis	burse	ment				
							M M	/	D	_		Y Y	Y	
	Mailing Address 3246 E. RIDGEVIEW STREET						05		1:	3	2	2015		
	City	State	Zip Code											
	-	MO	65804				Trans	sacti	on ID	: SB	23.5044	Į.		
	Purpose of Disbursement	· -	10001			=								
				1 '			Amoun	nt of I	Each	Dish	ırseme	nt this	Period	
	Candidate Name			Cat	egory	//				550				
	BILLY LONG				ype	·						100	0.00	
	Office Sought: House Disburser	nent For:	2016								,			
	Senate	Primary	General											
	President	Other (spe	ecify) 🔻											
_	State: MO District: 07													
								-	-		-	405	2.00	
8	SUBTOTAL of Disbursements This Page (optional)					•			,		7	400	0.00	
Γ											-			
ΙŢ	OTAL This Period (last page this line number only)						1		m		(B) I			

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 11 OF 16				
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	v one)				
		Detailed Summary Page	21b	22 🗙 23 24 25 26				
			27	28a 28b 28c 29 30b				
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam							
Ť	NAME OF COMMITTEE (In Full)							
$ \rangle$	PHARMACEUTICAL CARE MANAGEM	ENT ASSOCIATION	POLITICAL A	CTION COMMITTEE (PCMA PAC)				
		,		(
_	Full Name (Last, First, Middle Initial)							
Α.	EMMER FOR CONGRESS			Date of Disbursement				
	Moiling Address DO DOV 200			M M / D D / Y Y Y Y Y				
	Mailing Address PO BOX 998			05 06 2015				
	City	State Zip Code						
		MN 55303		Transaction ID : SB23.5040				
	Purpose of Disbursement							
]	Amount of Each Disbursement this Period				
	Candidate Name		Category/	1000.00				
	Office Country Ad House	and Francisco	Туре	1000.00				
		nent For: 1000 Primary General						
	President	Other (specify)						
	State: MN District: 06	Carlor (opcony)						
_	Full Name (Last, First, Middle Initial)							
В.	FRIENDS OF DAVID SCHWEIKER	RT		Date of Disbursement				
		•		M - M / D - D / Y - Y - Y				
	Mailing Address 228 S WASHINGTON STREET STE 115			04 30 2015				
	,	State Zip Code		Transaction ID : SB23.5028				
	ALEXANDRIA Purpose of Disbursement	VA 22314						
	Purpose of Disbursement			Amount of Each Disbursement this Period				
	Candidate Name			Attribute of Each Biobarconicity and Ferrod				
	DAVID SCHWEIKERT		Category/ Type	1750.00				
		nent For: 2016	71					
	Senate	Primary General						
	President	Other (specify) ▼						
_	State: AZ District: 06							
_	Full Name (Last, First, Middle Initial)							
Ċ.	GUTHRIE FOR CONGRESS			Date of Disbursement				
	Mailing Address PO BOX 9639		05 18 2015					
	Maining Address FO BOX 9039		2010					
	City	State Zip Code		Transaction ID : SB23.5045				
		KY 42102		Halisaction ID : 3623.3043				
	Purpose of Disbursement							
	Candidate Name		Amount of Each Disbursement this Period					
	S. BRETT HON. GUTHRIE	Category/ Type	500.00					
		nent For: 2016	туре					
		Primary General						
		Other (specify) ▼						
	State: KY District: 02	·						
s	UBTOTAL of Disbursements This Page (optional)		·····	3250.00				
厂								
[T	OTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)						FOR LINE NUMBER: PAGE 12 OF 16							
ITEMIZED DISBURSEMENTS		Use separate schedule(s)	(check only			NOMBER:							
			category of the Summary Page			21b [22	X	23	2	4	25	26
		Dotalieu				27	28a		28b	2	8c	29	30b
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or f	or commercial purposes, other than using the name	ne and add	lress of any politi	cal cor	nmitte	ee to s	solicit co	ntribu	ıtions	from	such c	commit	tee.
I \	NAME OF COMMITTEE (In Full)												
$ \rangle$	PHARMACEUTICAL CARE MANAGEM	ENT AS	SOCIATION F	POLIT	TICA	L AC	TION	CON	ИΜΙΤ	ITEE	: (PC	MA F	PAC)
Ц,	Full Name (Last, First, Middle Initial)												
	HUDSON FOR CONGRESS						Date o	f Disl	burse	ment			
	HODGON FOR CONGREGO						M M	_	D		V	Y Y	V
i	Mailing Address PO BOX 5053						04		30			2015	
	,	State	Zip Code				Trans	sactio	on ID	: SB2	3.5015		
	CONCORD Purpose of Disbursement	NC	28027										
	-urpose of bisbursement			т.			Amoun	t of F	=ach	Dishu	rsemer	nt this	Period
ī	Candidate Name				_	-	, uniodil	0. 2		510541	0011101		1 01100
	RICHARD L. JR. HUDSON				egory ype	"	L					100	0.00
		nent For:	2016		,,								
	Senate	Primary	General										
	President	Other (spe	ecify) 🔻										
	State: NC District: 08												
	Full Name (Last, First, Middle Initial)	-00					D-4	(D:-1					
В.	KURT SCHRADER FOR CONGRESS						Date o						
i	Mailing Address PO BOX 3314						M = M	/	3			y y y 2015	Y
	vialing Address PO BOX 3314						04		0.	,		2010	
(City	State	Zip Code				Trans	sactio	on ID	. SB2	3.5027	,	
	OREGON CITY	OR	97045				man	Jactic	טוו ווט	. 002	3.3027		
-	Purpose of Disbursement					71	Amoun	+ of E	Eoch	Diebu	roomor	at thic	Dorind
(Candidate Name				_	-	Amoun	l OI L	_acii	Disbui	Seme	11 11115	renou
	KURT SCHRADER				egory ype	"	L.					100	0.00
		nent For:	2016	-	700						,		
		Primary	General										
	President	Other (spe	ecify) 🔻										
	State: OR District: 05												
	Full Name (Last, First, Middle Initial)												
C.	MEADOWS FOR CONGRESS						Date of Disbursement						
i	Mailing Address P.O. BOX 811						04	/	30			y y 2015	Y
	Maining Address F.O. DOX 011						04		50	_		-010	
(City	State	Zip Code				Tron	20041	an ID	. 602	3.5024	1	
		NC	28741				IIalis	Sacii	טו ווט	. 362	3.5024	•	
	Purpose of Disbursement			1	-	7							
7	Candidate Name					_	Amoun	t of E	Each	Disbu	semer	nt this	Period
•	MARK R MEADOWS				egory ype	//	Г.					250	0.00
ī		nent For:	2016	- 1	ype	-			,		7		
	Senate	Primary	General										
	President	Other (spe	ecify) 🔻										
;	State: NC District: 11		<u> </u>										
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SI	JBTOTAL of Disbursements This Page (optional)					•			,		7	4500	0.00
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1 10	OTAL This Period (last page this line number only)						100		m =		(B) E		s - 1

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13 OF 16						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b					
Any information copied from such Reports and State or for commercial purposes, other than using the national state.								
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEN	MENT ASSOCIATION PO	OLITICAL A	CTION COMMITTEE (PCMA PAC)					
Full Name (Last, First, Middle Initial)			Date of Disbursement					
A. NEW PIONEERS PAC			M M / D D / Y Y Y Y					
Mailing Address 228 S WASHINGTON ST STE 11:			04 22 2015					
City ALEXANDRIA	State Zip Code VA 22314		Transaction ID : SB23.5012					
Purpose of Disbursement			Amount of Each Disbursement this Period					
Candidate Name		Category/ Type	1000.00					
Office Sought: House Senate President State: Disburse	ment For: 2016 Primary General Other (specify) ▼	,,						
Full Name (Last, First, Middle Initial)								
B. PALLONE FOR CONGRESS			Date of Disbursement					
Mailing Address PO BOX 3176			04 30 2015					
City LONG BRANCH	State Zip Code NJ 07740		Transaction ID : SB23.5026					
Purpose of Disbursement			Amount of Each Disbursement this Period					
Candidate Name FRANK JR PALLONE		Category/ Type	2000.00					
	ment For: 2016 Primary General Other (specify)							
Full Name (Last, First, Middle Initial) C. PAT MEEHAN FOR CONGRESS	Date of Disbursement							
Mailing Address 50 S PROVIDENCE ROAD		06 24 2015						
City MEDIA	State Zip Code PA 19063		Transaction ID : SB23.5050					
Purpose of Disbursement								
Candidate Name PATRICK L. MR. MEEHAN		Category/ Type	Amount of Each Disbursement this Period 1000.00					
Office Sought: House Senate President State: PA District: 07	ment For: 2016 Primary General Other (specify) ▼							
SUBTOTAL of Disbursements This Page (optional).			4000.00					
TOTAL This Period (last page this line number only	·)	·····						

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 14 OF 16					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only					
	Detailed Summary Page	27	28a 28b 28c 29 30b				
Any information copied from such Reports and Sta	tements may not be sold or use	ed by any perso	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the n	ame and address of any politic	al committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGE	MENT ASSOCIATION P	OLITICAL A	CTION COMMITTEE (PCMA PAC)				
Full Name (Last, First, Middle Initial)							
A. POMPEO FOR CONGRESS, INC	C.		Date of Disbursement				
Mailing Address PO BOX 780146			04 22 2015				
City	State Zip Code		Transaction ID : SB23.5008				
WICHITA Purpose of Disbursement	KS 67278						
·			Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	1500.00				
Office Sought: House Disburs	sement For: 2016 Primary General						
President State: KS District: 04	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. RIBBLE FOR CONGRESS			Date of Disbursement				
Mailing Address PO BOX 7200		04 22 2015					
City APPLETON	State Zip Code WI 54912		Transaction ID : SB23.5006				
Purpose of Disbursement			Amount of Each Disbursement this Period				
Candidate Name REID J. REP. RIBBLE		Category/ Type	1000.00				
	sement For: 2016	71	,				
	Y Primary General						
President State: WI District: 08	Other (specify) ▼						
Full Name (Last, First, Middle Initial)	Date of Disbursement						
c. RODNEY FOR CONGRESS	M M / D D / Y Y Y Y						
Mailing Address PO BOX 344	04 30 2015						
City	State Zip Code IL 62568		Transaction ID : SB23.5029				
TAYLORVILLE Purpose of Disbursement	IL 62568						
•			Amount of Each Disbursement this Period				
Candidate Name		Category/ Type	500.00				
Office Sought: House Disburs	sement For: 2016 Primary General	71					
President	Other (specify) ▼						
State: IL District: 13							
SUBTOTAL of Disbursements This Page (optional)	·····	3000.00				
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SCHEDULE B (FEC Form 3X)			FOR LINE N	NUMBER:	PAGE 15 OF 16
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		mmary Page	21b 27		23 24 25 26 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)					
PHARMACEUTICAL CARE MANAGEN	MENT ASSO	CIATION PC	DLITICAL AC	CTION COM	MITTEE (PCMA PAC)
/					
Full Name (Last, First, Middle Initial)					
A. TONY CARDENAS FOR CONGR	ESS			Date of Disb	pursement
Mailing Address 3700 WILSHIRE BLVD SUITE 10	FO P			05	13 2015
Mailing Address 3700 WILSTING BEVD SOTTE TO	50-Б			03	10 2010
City	State Z	Zip Code		Tuomoootio	ID . CD00 F007
LOS ANGELES	CA 9	90010		Transactio	on ID : SB23.5037
Purpose of Disbursement				A	inch Diehumannant this Davied
Candidate Name				Amount of E	Each Disbursement this Period
Gandidate Name			Category/ Type		1000.00
Office Sought:	ement For: 201	16	1,700	,	
Senate	Primary	General			
President	Other (specify	<u>√)</u> ▼			
State: CA District: 29					
Full Name (Last, First, Middle Initial)				Date of Disb	nurcoment
B. UPTON FOR ALL OF US					
Mailing Address P.O. BOX 490				05	13 2015
City	State Z	Zip Code		Transactio	on ID : SB23.5043
ST. JOSEPH	MI .	49085			
ST. JOSEPH Purpose of Disbursement	MI	49085			each Disbursement this Period
	MI .	49085	Category/		
Purpose of Disbursement Candidate Name FREDERICK STEPHEN UPTON			Category/ Type		each Disbursement this Period
Purpose of Disbursement Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Disburse	ement For: 100	00			
Purpose of Disbursement Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate Senate	ement For: 100	00 General			
Purpose of Disbursement Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President President	ement For: 100	00 General			
Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06	ement For: 100	00 General			
Purpose of Disbursement Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06 Full Name (Last, First, Middle Initial)	ement For: 100	00 General			1000.00
Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06	ement For: 100	00 General		Amount of E	1000.00
Purpose of Disbursement Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06 Full Name (Last, First, Middle Initial)	ement For: 100	00 General		Amount of E	1000.00
Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06 Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661	ement For: 100 Primary Other (specify	00 General		Amount of E	oursement
Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06 Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City	ement For: 100 Primary Other (specify	O0 General /) ▼		Date of Disb	oursement
Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06 Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661	ement For: 100 Primary Other (specify	00 General		Date of Disb	1000.00 Dursement 30 2015
Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06 Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE Purpose of Disbursement	ement For: 100 Primary Other (specify	O0 General /) ▼		Date of Disb	1000.00 Dursement 30 2015
Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06 Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE Purpose of Disbursement Candidate Name	ement For: 100 Primary Other (specify	O0 General /) ▼	Type Category/	Date of Disb	bursement 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name FREDERICK STEPHEN UPTON Office Sought: State: MI District: 06 Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE Purpose of Disbursement Candidate Name JOHN M SHIMKUS	ement For: 100 Primary Other (specify State 2 IL	General Zip Code 62234	Type	Date of Disb	1000.00 Dursement 2015 On ID: SB23.5014
Candidate Name FREDERICK STEPHEN UPTON Office Sought: State: MI District: 06 Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE Purpose of Disbursement Candidate Name JOHN M SHIMKUS Office Sought: House Disburse	ement For: 100 Primary Other (specify State Z IL 6	General Zip Code 62234	Type Category/	Date of Disb	bursement 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name FREDERICK STEPHEN UPTON Office Sought: State: MI District: 06 Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE Purpose of Disbursement Candidate Name JOHN M SHIMKUS	ement For: 100 Primary Other (specify State 2 IL	General Zip Code 62234 General	Type Category/	Date of Disb	bursement 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name FREDERICK STEPHEN UPTON Office Sought: State: MI District: 06 Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE Purpose of Disbursement Candidate Name JOHN M SHIMKUS Office Sought: House Senate Disburse Senate	ement For: 100 Primary Other (specify State Z IL 6 ement For: 201	General Zip Code 62234 General	Type Category/	Date of Disb	bursement 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06 Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE Purpose of Disbursement Candidate Name JOHN M SHIMKUS Office Sought: House Senate President Disburse Senate President	ement For: 100 Primary Other (specify State Z IL 6 ement For: 201	General Zip Code 62234 General	Type Category/	Date of Disb	oursement 2015 on ID: SB23.5014 Each Disbursement this Period 1000.00
Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06 Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE Purpose of Disbursement Candidate Name JOHN M SHIMKUS Office Sought: House Senate President Disburse Senate President	ement For: 100 Primary Other (specify State Z IL 6 ement For: 201 Primary Other (specify	General Zip Code 62234 General General	Type Category/ Type	Date of Disb	bursement 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Purpose of Disbursement Candidate Name FREDERICK STEPHEN UPTON Office Sought: House Senate President State: MI District: 06 Full Name (Last, First, Middle Initial) C. VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE Purpose of Disbursement Candidate Name JOHN M SHIMKUS Office Sought: House Senate President State: IL District: 15	State Z IL 6 Primary Other (specify	General Zip Code 62234 General General	Category/ Type	Date of Disb	oursement 2015 on ID: SB23.5014 Each Disbursement this Period 1000.00

SCHEDULE B (FEC Form 3X)	Lloo concrete cabadula(-)	FOR LINE I		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30	
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NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	ENT ASSOCIATION PO	DLITICAL A	CTION COMMITTEE (PCMA PAC)	
Full Name (Last, First, Middle Initial)			5. (5.)	
A. WALKER 4 NC	Date of Disbursement			
Mailing Address PO BOX 99247	05 15 2015			
City S RALEIGH	State Zip Code NC 27624		Transaction ID : SB23.5033	
Purpose of Disbursement	27024			
Candidate Name			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	500.00	
	nent For: 2016 Primary General Other (specify)			
State: NC District: 06				
Full Name (Last, First, Middle Initial) B. ZELDIN FOR CONGRESS			Date of Disbursement	
Mailing Address 47 FLINTLOCK DRIVE		04 30 2015		
SHIRLEY	State Zip Code NY 11967		Transaction ID : SB23.5020	
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name		Category/ Type	750.00	
	nent For: 2016 Primary General Other (specify)			
Full Name (Last, First, Middle Initial) C.	Date of Disbursement			
Mailing Address	M - M / D - D / Y - Y - Y			
City				
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Senate President State: Disburser Disburser	ment For: Primary General Other (specify)			
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