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	PORT OF I ND DISBUR Other Than An Auth	SEMENTS	S	Office III	n Only
	E OR PRINT V	Example: If typing	g, type 12F	Office Us	
COMMITTEE (in full)		over the lines.			
ADDRESS (number and street)		JE NW STE 740			
Check if different than previously reported. (ACC)	VASHINGTON		DC	20004	
2. FEC IDENTIFICATION NUMB	ER V CITY	∕▲	STATI	E	
C C00388819	3. IS RE	THIS NI PORT X (N	EW I) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	Report Due On:		lay 20 (M5) un 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11 (Non-Election Year Only) Dec 20 (M12 (Non-Election Year Only)
April 15	Apr 2	0 (M4) Ju	ul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day PRE -Election	Primary (12P)		General (12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (1	2C)	Special (12S)	
Quarterly Report (Q3) X January 31 Year-End Report (YE)	Election	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 (30G))	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election	on /	D = D / Y = Y	Y Y	in the State of
5. Covering Period	27 / Y Y Y Y 2012	through		31 / Y Y 201	
I certify that I have examined this Re	eport and to the best of r	ny knowledge and be	elief it is true, co	rrect and complet	e.
Type or Print Name of Treasurer J	onathan Heafitz				
Signature of Treasurer	Heafitz	[Electronically	Filed] Date	01 / 29	D / Y Y Y Y Y 2013
NOTE: Submission of false, erroneous	, or incomplete information	may subject the perso	on signing this Re	port to the penaltic	es of 2 U.S.C. §437g.
Office Use Only					FORM 3X ev. 12/2004

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Page 2

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Write or Type Committee Name PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) M Y Y M D Y 27 2012 Report Covering the Period: 2012 12 31 From: 11 To: COLUMN A COLUMN B This Period Calendar Year-to-Date (a) Cash on Hand Y 30128.21 Januarv 1. 2012 (b) Cash on Hand at 21888.97 Beginning of Reporting Period..... 45229.98 2719.22 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 24608.19 75358.19 6(a) and 6(c) for Column B)..... 0.00 50750.00 Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period 24608.19 24608.19 (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

DE	TAILED SUMMARY PAGE	
FEC Form 3X (Rev. 06/2004)	of Receipts	Page 3
Write or Type Committee Name		
PHARMACEUTICAL CARE MANAGEME	NT ASSOCIATION POLITICAL ACTI	ON COMMITTEE (PCMA PAC)
MM		M M / D D / Y Y Y Y
Report Covering the Period: From: 11	27 2012 To	n: <u>12</u> <u>31</u> <u>2012</u>
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	2719.22	14839.98
(i) Itemized (use Schedule A)	2/13.22	14033.30
(ii) Unitemized	0.00	390.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	2719.22	15229.98
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees		7 7
(such as PACs)	0.00	30000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		(5000.00
Totals to Line 33, page 5)▶	2719.22	45229.98
12. Transfers From Affiliated/Other	0.00	0.00
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	7 7	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
1		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfors (add 18(a) and 18(b))	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))▶	2719.22	45229.98
L		
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)►	2719.22	45229.98

FE6AN026

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A	COLUMN B
	Total This Period	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	0.00	0.0
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	7 7 7 0.00	
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	0.00	50750.00
Independent Expenditures (use Schedule E)	0.00	0.0
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.0
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.0
(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
(d) Total Contribution Defunde		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	0.0
Other Disbursements	0.00	0.0
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	0.0
(b) Federal Election Activity Paid Entirely		
(c) Total Federal Election Activity (add	0.00	0.0
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))	0.00	50750.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	50750.00

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DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	2719.22	45229.98
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2719.22	45229.98
6. 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

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SCHEDULE A	(FEC Form 3X)
ITEMIZED REC	EIPTS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 6 OF

7

		Use separate schedule(s)		(che	(check only one)									
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c		12 16	17			
	y information copied from such Reports and S for commercial purposes, other than using the				for the		ose o	f soliciti		ontribut	ions			
	NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAG													
A.	Full Name (Last, First, Middle Initial) Kristin Bass				Date of	f Re	ceipt							
	Mailing Address 812 N. Jackson Street													
	City	State	Zip Code		12 Trans	acti	20 on ID) : SA11A		2012 36				
	Arlington	VA	22201					Receipt						
	FEC ID number of contributing federal political committee.	С					,			1346.	14			
	Name of Employer	Occupation												
	РСМА	SVP												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify) ▼		5000.00											
в.	Full Name (Last, First, Middle Initial) Tim Brogan				Date of	f Re	ceipt							
	Mailing Address 2301 Columbia Pike			M M 12	/	20) /	y y	012	Y				
	City	State	Zip Code		Trans	acti	on ID :	SA11A						
	Arlington	VA	22204		Amount	tof	Each I	Receipt	this I	Period				
	FEC ID number of contributing federal political committee.	С				_	7		_	280.	00			
	Name of Employer PCMA	Occupation AVP												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1040.00]										
<u></u>	Full Name (Last, First, Middle Initial) Jonathan Heafitz				Date of	f Re	ceipt							
	Mailing Address 2704 Emmet Road				м м 12	/	D 20			012	Y			
	City	State	Zip Code		Trans	acti	on ID	: SA11A	\I.50 4	40				
	Silver Spring	MD	20902		Amount	t of	Each I	Receipt	this I	Period				
	FEC ID number of contributing federal political committee.	С					7	7	_	175	.00			
	Name of Employer	Occupation												
	PCMA	Director		_										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼											
	Other (specify) ▼		530.00											
s	UBTOTAL of Receipts This Page (optional)			•			, .	- 1	_	1801.	14			

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

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PAGE

7 OF 7

		Detailed Summary Page	[X 11a		11b	11c		12							
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Any information copied from such Reports a or for commercial purposes, other than usin	and Statements main and a g the name and a	ay not be sold or used by any pe address of any political committee	erson to s	ofor the solicit co	pur ntrib	pose of outions	f soliciting	ງ co h cc	ntributi Smmitte	ons e.						
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MAI	NAGEMENT A	SSOCIATION POLITICAL	AC	TION	со	MMIT	TEE (F	2v	ЛА РА							
Full Name (Last, First, Middle Initial) A. Barbara Levy				Date o	f Re	eceipt										
Mailing Address 522 N.Alfred Street				12	/	20			012	Y						
City	State	Zip Code			sact		SA11AI.									
Alexandria	VA	22314		Amoun	t of	Each F	Receipt th	nis F	Period							
FEC ID number of contributing federal political committee.	C		140.00													
Name of Employer	Occupation	1														
РСМА	Assist VP S	State Affairs and GC														
Receipt For:	Aggregate	Year-to-Date ▼														
Other (specify)		520.00														
Full Name (Last, First, Middle Initial) B. Brian McCarthy				Date o	f Re	eceipt										
Mailing Address 4829 Langdrum Lane			12 20 2012													
City	State	State Zip Code					Transaction ID : SA11AI.5042									
Chevy Chase	MD	20815		Amount of Each Receipt this Period												
FEC ID number of contributing federal political committee.	C		105.00													
Name of Employer PCMA	Occupation VP	1														
Receipt For:	Aggregate	Year-to-Date ▼														
Other (specify)		390.00														
Full Name (Last, First, Middle Initial) C. Jerome Steffl				Date o	f Re	eceipt										
Mailing Address 1401 N. Oak Street, #99	0			^M M	/	20			012	Y						
City	State	Zip Code		Trans	sact	ion ID :	SA11AI	.504	3							
Arlington	VA	22209		Amoun	t of	Each F	Receipt th	nis F	[•] eriod							
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Name of Employer	Occupation	1	\neg													
PCMA	VP															
Receipt For:	Aggregate	Year-to-Date ▼														
Other (specify)		2749.98														
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