PAGE 1 / 9

Image# 14952692515

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or outlor than h	All Additionized				Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼		ample: If typir r the lines.	ng, type	12FE4M5	
PHARMACEUTICAL CARE	MANAGEMEN	NT ASSOCIAT	ION POLIT	ICAL ACT	ION COMM	ITTEE (PCMA PAC)
ADDRESS (number and street)	601 PENNSYLVAN	NIA AVENUE NW	STE 740			
Check if different						
than previously reported. (ACC)	WASHINGTON				DC	20004
2. FEC IDENTIFICATION NUM	MBER ▼	CITY 🛦			STATE 	ZIP CODE ▲
C C00388819		3. IS THIS REPORT	\ <u>\</u>	NEW N) OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	r	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due Oil.	Mar 20 (M3)		Jun 20 (M6)	Η.	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1) (c) 12-Day	Apr 20 (M4)	Primary (12P	Jul 20 (M7)	General (20 (M10) Jan 31 (YE) 12G) Runoff (12R)
July 15 Quarterly Report (Q2	PRF-Fle		Convention (_	Special (
October 15 Quarterly Report (Q3	· ·		`	,		,
January 31 Year-End Report (YE		Election on	M M /	D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-E Report f	,	General (300	G)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Tiopoit i	Election on	111 /	04	2014	in the State of
5. Covering Period 10	/ D D / Y	2014	through	M M M	/ D D / 24	2014
I certify that I have examined this		e best of my kno	wledge and b	pelief it is tru	ie, correct and	complete.
Type or Print Name of Treasurer	Jonathan Heafitz					
Signature of Treasurer Jonatha	an Heafitz		[Electronically	Filed]	Pate 12	/ D D / Y Y Y Y Y Y 2014
NOTE: Submission of false, erroned	ous, or incomplete in	nformation may s	ubject the pers	son signing th	nis 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)

2014 Report Covering the Period: 10 16 2014 24 From: To: 11 **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 5175.12 January 1, 2014 (b) Cash on Hand at 4170.45 Beginning of Reporting Period..... 42433.75 4538.42 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 8708.87 47608.87 6(a) and 6(c) for Column B)..... 1000.00 39900.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 7708.87 7708.87 (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)

I. Receipts	I. Receipts COLUMN A Total This Period			
. Contributions (other than loans) From:		Calendar Year-to-Date		
(a) Individuals/Persons Other				
Than Political Committees	4298.42	16531.45		
(i) Itemized (use Schedule A)	7200.72			
(ii) Unitemized(iii) TOTAL (add	240.00	902.30		
Lines 11(a)(i) and (ii)	4538.42	17433.75		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	25000.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry	4538.42	42433.75		
Totals to Line 33, page 5)	7000.42	12.100.10		
Party Committees	0.00	0.00		
	0.00			
3. All Loans Received	0.00	0.00		
Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures				
(Refunds, Rebates, etc.)				
(Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made	, , , , , , , , , , , , , , , , , , , ,			
to Federal Candidates and Other				
Political Committees	0.00	0.00		
7. Other Federal Receipts				
(Dividends, Interest, etc.)	0.00	0.00		
Transfers from Non-Federal and Levin Funds (a) Non-Federal Associate				
(a) Non-Federal Account	0.00	2.00		
(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		
7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	4538.42	42433.75		
. Total Federal Receipts				
(subtract Line 18(c) from Line 19)▶	4538.42	42433.75		

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		
	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party	7			
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	1000.00	39900.00		
Independent Expenditures				
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loan nepayments wave				
Loans Made	0.00	0.00		
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		0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
(444 21100 20(4), (5), 414 (6),	7			
Other Disbursements	0.00	0.00		
	7	7		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	3.00			
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add		7		
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))	1000.00	39900.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	1000.00	39900.00		
from Line 31)	1000.00	39900.00		

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)	4538.42	42433.75		
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00		
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4538.42	42433.75		
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00		
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
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

ı	FOR	LINE	NU	MBER	:	PAGE		6	OF		9
ı	(chec	(check only one)									
	X	11a		11b		11c		12			
		13		14		15		16			17

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

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.			
\rangle	NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGI	EMENT ASSOCIATION POLITICAL AC	CTION COMMITTEE (PCMA PAC)			
۹.	Full Name (Last, First, Middle Initial) Kristin Bass	ristin Bass				
	Mailing Address 812 N. Jackson St		10 29 2014			
	City	State Zip Code	Transaction ID : SA11AI.4963			
	Arlington	VA 22201	Amount of Each Receipt this Period			
	FEC ID number of contributing 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) ▼	3653.89				
3.	Full Name (Last, First, Middle Initial) Tim Brogan		Date of Receipt			
	Mailing Address 2804 9th Street S	10 29 2014				
	City	State Zip Code	Transaction ID : SA11AI.4964			
	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 Other (specify) ▼	760.00				
 С.	Full Name (Last, First, Middle Initial) Andy Cosgrove		Date of Receipt			
	Mailing Address 2212 N Quintana Street		10 29 2014			
	City	State Zip Code	Transaction ID : SA11AI.4965			
	Arlington	VA 22205	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C	230.76			
	Name of Employer	Occupation				
	PCMA	VP Policy				
	Receipt For:	Aggregate Year-to-Date ▼				
	Primary General Other (specify) ▼	423.06				
S	UBTOTAL of Receipts This Page (optional)	<u> </u>	1624.62			
Т	OTAL This Period (last page this line number of	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				9			
(ch	(check only one)							
	X 11a	11b		11c		12		
	13	14		15		16		17

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

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MAN	JAGEMENT ASSOCIATION POLITICAL A	ACTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) Clem Cypra		Date of Receipt
Mailing Address 1920 12th Street Unit 2		10 29 2014
City	State Zip Code DC 20009	Transaction ID : SA11AI.4967
Washington	DC 20009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	576.90
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.95	
Full Name (Last, First, Middle Initial) 3. Jonathan Heafitz		Date of Receipt
Mailing Address 2704 Emmet Road		10 29 2014
City Silver Spring	State Zip Code MD 20902	Transaction ID : SA11AI.4968
Silver Spring		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer PCMA	Occupation	1
Receipt For:	Sr Director	-
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00	
Full Name (Last, First, Middle Initial) C. Wendy Krasner	·	Date of Receipt
Mailing Address 9402 Loscust Hill Road		10 20 2014
City Bethesda	State Zip Code MD 20814	Transaction ID : SA11AI.4962 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer PCMA	Occupation VP	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	I)	1226.90
TOTAL This Period (last page this line num	ber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

ı	FOR	LINE	NU	MBER	:	PAGE		8	OF		9
ı	(chec	(check only one)									
	X	11a		11b		11c		12			
		13		14		15		16			17

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

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 MANA	AGEMENT ASSOCIATION POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) A. Barbara Levy		Date of Receipt
Mailing Address 522 N.Alfred Street		10 29 2014
City	State Zip Code	Transaction ID : SA11AI.4970
Alexandria	VA 22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	120.00
Name of Employer	Occupation	
PCMA	Assist VP State Affairs and GC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	380.00	
Full Name (Last, First, Middle Initial) 3. Brian McCarthy		Date of Receipt
Mailing Address 1922 37th Street		10 29 2014
City	State Zip Code	Transaction ID : SA11AI.4972
Washington	DC 20007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	750.00
Name of Employer	Occupation	
PCMA	Assist VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2225.00	
Full Name (Last, First, Middle Initial) C. Jerry Steiffl		Date of Receipt
Mailing Address 1401 North Oad St #990		10 29 2014 _
City	State Zip Code	Transaction ID : SA11AI.4974
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:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1826.85	
SUBTOTAL of Receipts This Page (optional)	•	1446.90
TOTAL This Period (last page this line numb	er only)	4298.42

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 9						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check of		eck only one)					
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26					
	Detailed Suffilliary Fage	27	28a 28b 28c 29 30l					
Any information copied from such Reports and Staten								
or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full)								
> PHARMACEUTICAL CARE MANAGEM	ENT ASSOCIATION PO	LITICAL A	CTION COMMITTEE (PCMA PAC)					
/								
Full Name (Last, First, Middle Initial)								
MCCONNELL VICTORY KENTUC	Date of Disbursement							
Mailing Address 200 0 MACHINGTON OT 0T5 445			M M / D D / Y Y Y Y					
Mailing Address 228 S WASHINGTON ST STE 115			10 30 2014					
City	State Zip Code							
ALEXANDRIA	VA 22314		Transaction ID : SB23.4978					
Purpose of Disbursement								
			Amount of Each Disbursement this Period					
Candidate Name	-	Category/	1000					
MITCH MCCONNELL		Type	1000.00					
Office Sought: House Disbursen	nent For: 2014							
∑ Senate	Primary							
	Other (specify) ▼							
State: KY District: 00								
Full Name (Last, First, Middle Initial)								
3.			Date of Disbursement					
Matter Address		M = M / D = D / Y = Y = Y						
Mailing Address								
City	State Zip Code							
o,	p							
Purpose of Disbursement			-					
			Amount of Each Disbursement this Period					
Candidate Name		Category/						
0//		Туре						
Office Sought: House Disbursen								
	Primary General							
State: District:	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
3.			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address	Mailing Address							
City	State Zip Code							
Purpose of Disbursement								
Fulpose of Dispulsement								
Candidate Name		Amount of Each Disbursement this Period						
		Category/ Type						
Office Sought: House Disbursen	nent For:	.,,,,						
	Primary General							
President	Other (specify) ▼							
State: District:								
'		<u> </u>						
SUBTOTAL of Disbursements This Page (optional)			1000.00					
		<u> </u>						
TOTAL This Period (last page this line number only)			1000.00					