

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)

ADDRESS (number and street) 327 7th St. NW 9th Floor
Check if different than previously reported. (ACC) Washington DC 20004

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00388819
3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special
Election on 04/23/2024 in the State of PA

5. Covering Period 01/01/2024 through 04/03/2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Heafitz, Jonathan, , ,

Signature of Treasurer Heafitz, Jonathan, , , Date 04/11/2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)

Report Covering the Period: From: 01 / 01 / 2024 To: 04 / 03 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		8620.26
(b) Cash on Hand at Beginning of Reporting Period.....	8620.26	
(c) Total Receipts (from Line 19) .....	36618.84	36618.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	45239.10	45239.10
7. Total Disbursements (from Line 31).....	29892.66	29892.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	15346.44	15346.44
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)

Report Covering the Period: From: 01 / 01 / 2024 To: 04 / 03 / 2024

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).....	18334.80	18334.80
(ii) Unitemized .....	3284.04	3284.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	21618.84	21618.84
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	36618.84	36618.84
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)).....▶	36618.84	36618.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	36618.84	36618.84

**DETAILED SUMMARY PAGE**

of Disbursements

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 .....	392.66	392.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	392.66	392.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500.00	29500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	29892.66	29892.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29892.66	29892.66

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	36618.84	36618.84
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36618.84	36618.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	392.66	392.66
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	392.66	392.66

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

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

FOR LINE NUMBER: PAGE 6 OF 30  
(check only one)  
 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.

NAME OF COMMITTEE (In Full)  
**Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)**

**A. Buxton, Jonathan D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A2024-503249**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Buxton, Jonathan D, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2024  
**Transaction ID : A2024-580980**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Dube, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2024  
**Transaction ID : A2024-309143**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00  
**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: (check only one)	PAGE 7 OF 30
	<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	

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)**

**A. Dube, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2024  
**Transaction ID : A2024-490557**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Dube, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 512.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A2024-503255**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Dube, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 704.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2024  
**Transaction ID : A2024-580986**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	464.60
<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: (check only one)	PAGE 8 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 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.

NAME OF COMMITTEE (In Full)  
**Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)**

**A. Fjelstad, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Assistant Vice President, State Regula  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 15 / 2024  
**Transaction ID : A2024-491895**  
 Amount of Each Receipt this Period  
 520.00  
 Memo Item

**B. Frost, Amanda, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A2024-503248**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Frost, Amanda, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2024  
**Transaction ID : A2024-580979**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.00
<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: (check only one)	PAGE 9 OF 30
	<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	

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)**

**A. Heafitz, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : A2024-580982**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Joyner, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 CVS Drive, Mail Code 1125  
 City Woonsocket State RI Zip Code 02895  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CVS Caremark Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 15 / 2024  
**Transaction ID : A2024-491896**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Kamal, Mostafa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 Water St Ste 811  
 City New York State NY Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prime Therapeutics LLC Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 15 / 2024  
**Transaction ID : A2024-491897**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10100.00
<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: (check only one)	PAGE 10 OF 30
<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

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)**

**A. Kote, Agnita, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 05 / 2024**  
**Transaction ID : A2024-345658**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Lebens, Lucia G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **01 / 26 / 2024**  
**Transaction ID : A2024-67310**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Lebens, Lucia G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **02 / 09 / 2024**  
**Transaction ID : A2024-309142**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	684.60
<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: (check only one)	PAGE 11 OF 30
	<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	

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)**

**A. Lebens, Lucia G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2024  
**Transaction ID : A2024-490561**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Lebens, Lucia G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A2024-503256**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Lebens, Lucia G, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2024  
**Transaction ID : A2024-580987**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.90
<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: (check only one)	PAGE 12 OF 30
	<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	

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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. McCarthy, Brian, , ,</b>			Date of Receipt MM / DD / YYYY 01 / 26 / 2024 <b>Transaction ID : A2024-67306</b>		
Mailing Address 325 7th St NW 9th Floor			Amount of Each Receipt this Period 192.30		
City Washington	State DC	Zip Code 20004	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 384.60		
Name of Employer (for Individual) Pharmaceutical Care Management Associa		Occupation (for Individual) Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. McCarthy, Brian, , ,</b>			Date of Receipt MM / DD / YYYY 02 / 09 / 2024 <b>Transaction ID : A2024-309138</b>		
Mailing Address 325 7th St NW 9th Floor			Amount of Each Receipt this Period 192.30		
City Washington	State DC	Zip Code 20004	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 576.90		
Name of Employer (for Individual) Pharmaceutical Care Management Associa		Occupation (for Individual) Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. McCarthy, Brian, , ,</b>			Date of Receipt MM / DD / YYYY 02 / 23 / 2024 <b>Transaction ID : A2024-490558</b>		
Mailing Address 325 7th St NW 9th Floor			Amount of Each Receipt this Period 192.30		
City Washington	State DC	Zip Code 20004	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 769.20		
Name of Employer (for Individual) Pharmaceutical Care Management Associa		Occupation (for Individual) Executive			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<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: (check only one)	PAGE 13 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 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.

NAME OF COMMITTEE (In Full)  
**Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)**

**A. McCarthy, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt  
 03 / 08 / 2024  
**Transaction ID : A2024-503252**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item

**B. McCarthy, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
 03 / 22 / 2024  
**Transaction ID : A2024-580983**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item

**C. Power, William, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR DIR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 03 / 22 / 2024  
**Transaction ID : A2024-580977**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	424.60
<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: (check only one)	PAGE 14 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 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.

NAME OF COMMITTEE (In Full)  
**Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)**

**A. Rowley, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SVP STATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
 01 / 26 / 2024  
**Transaction ID : A2024-67308**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Rowley, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SVP STATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
 02 / 09 / 2024  
**Transaction ID : A2024-309140**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Rowley, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SVP STATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
 02 / 23 / 2024  
**Transaction ID : A2024-513787**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<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: (check only one)	PAGE 15 OF 30
	<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	

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)**

**A. Rowley, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SVP STATE  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 961.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A2024-582626**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item

**B. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2024  
**Transaction ID : A2024-67309**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item

**C. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 09 / 2024  
**Transaction ID : A2024-309141**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.90
<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: (check only one)	PAGE 16 OF 30
	<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	

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)**

**A. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2024  
**Transaction ID : A2024-490560**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item

**B. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 961.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 08 / 2024  
**Transaction ID : A2024-503254**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item

**C. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2024  
**Transaction ID : A2024-580985**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.90
<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: (check only one)	PAGE 17 OF 30
<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

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)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Shrader, Melodie, , ,

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.60

Date of Receipt  
MM / DD / YYYY  
01 / 26 / 2024

**Transaction ID : A2024-67307**

Amount of Each Receipt this Period  
192.30

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Shrader, Melodie, , ,

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2024

**Transaction ID : A2024-309139**

Amount of Each Receipt this Period  
192.30

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Shrader, Melodie, , ,

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
769.20

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2024

**Transaction ID : A2024-490559**

Amount of Each Receipt this Period  
192.30

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<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 18 OF 30  
(check only one)  
 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.

NAME OF COMMITTEE (In Full)  
**Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)**

**A. Shradr, Melodie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 03 / 08 / 2024  
**Transaction ID : A2024-503253**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Shradr, Melodie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 03 / 22 / 2024  
**Transaction ID : A2024-580984**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Stewart, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th Street NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Assistant Vice President of State Affa  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 06 / 2024  
**Transaction ID : A2024-350280**  
 Amount of Each Receipt this Period 1500.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 1884.60  
**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 19 OF 30  
(check only one)  
 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.

NAME OF COMMITTEE (In Full)  
**Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Wiles, Jocelyn, , ,

Mailing Address 325 7th St NW 9th Floor

City Washington    State DC    Zip Code 20004

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

Name of Employer (for Individual) Pharmaceutical Care Management Associa    Occupation (for Individual) Assistant Vice President of Federal Af

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 515.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2024

**Transaction ID : A2024-318147**

Amount of Each Receipt this Period  
 515.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

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

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	515.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18334.80

# 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 20 OF 30
<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

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)**

**A. Elevance Health PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1001 Pennsylvania Avenue, NW, Suit

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M / D D / Y Y Y Y
02 / 01 / 2024

**Transaction ID : A2024-20706**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Federal PAC

**B. Cigna PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Pennsylvania Avenue NW Suite 7

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00085316

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M / D D / Y Y Y Y
02 / 22 / 2024

**Transaction ID : A2024-20738**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Federal PAC

**C. UnitedHealth Group Incorporated PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Pennsylvania Ave. NW Suite 200

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M / D D / Y Y Y Y
03 / 27 / 2024

**Transaction ID : A2024-20796**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Federal PAC

<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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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)

**A. PayPal Inc.**

Mailing Address P.O. Box 7022

City  
Mountain View

State  
CA

Zip Code  
94039

Purpose of Disbursement  
Credit Card Processing Fee

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼  
 Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		15		2024

FEC Identification Number

C
---

**Transaction ID : B868019**

Amount of Each Disbursement this Period

316.02
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Memo Item

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

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

316.02
--------

316.02
--------

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)

Grid for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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)

A. Darren Soto for Congress

Mailing Address 660 Pennsylvania Ave SE Suite 202

City Washington State DC Zip Code 20003

Purpose of Disbursement

Contribution

011

Candidate Name

Soto, Darren, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: FL District: 09

Date of Disbursement

Date grid: 03 / 04 / 2024

FEC Identification Number

C C00581074

Transaction ID : B867223

Amount of Each Disbursement this Period

Amount grid: 1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave. NE

City Washington State DC Zip Code 20002

Purpose of Disbursement

Contribution

011

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President

Disbursement For: 2024 [ ] Primary [ ] General [X] Other (specify) Not Applicable

State: District:

Date of Disbursement

Date grid: 03 / 04 / 2024

FEC Identification Number

C C00042366

Transaction ID : B867222

Amount of Each Disbursement this Period

Amount grid: 2500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Elizabeth Pannill Fletcher for Congress

Mailing Address 6129 Long Meadow Road

City McLean State VA Zip Code 22101

Purpose of Disbursement

Contribution

011

Candidate Name

Pannill Fletcher, Elizabeth, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: TX District: 07

Date of Disbursement

Date grid: 03 / 04 / 2024

FEC Identification Number

C C00640045

Transaction ID : B867224

Amount of Each Disbursement this Period

Amount grid: 1000.00

[ ] Memo Item

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

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

Amount grid: 4500.00

Amount grid: (blank)

# 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"/> 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

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)

**A. Friends of David Schweikert**

Mailing Address 439 New Jersey Ave SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Contribution

011

Candidate Name

Schweikert, David, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	4			2	0	2	4		

FEC Identification Number

C C00540617

**Transaction ID : B867227**

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Garbarino for Congress**

Mailing Address 3410 Alabama Avenue

City  
Alexandria

State  
VA

Zip Code  
22305

Purpose of Disbursement

Contribution

011

Candidate Name

Garbarino, Andrew, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: NY District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	4			2	0	2	4		

FEC Identification Number

C C00729954

**Transaction ID : B867228**

Amount of Each Disbursement this Period

1300.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Garbarino for Congress**

Mailing Address PO BOX 101

City  
Bayport

State  
NY

Zip Code  
11705

Purpose of Disbursement

Contribution

011

Candidate Name

Garbarino, Andrew, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NY District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	4			2	0	2	4		

FEC Identification Number

C C00729954

**Transaction ID : B867230**

Amount of Each Disbursement this Period

200.00

Memo Item

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

3000.00

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

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)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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)

A. Guy for Congress

Mailing Address 5827 Colfax Avenue

City Alexandria State VA Zip Code 22311

Purpose of Disbursement

Contribution

Category/Type 011

Candidate Name

Reschenthaler, Guy, , ,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: PA District: 14

Date of Disbursement

Date of Disbursement 03 / 04 / 2024

FEC Identification Number

FEC Identification Number C00657833

Transaction ID : B867225

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period 1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Jacky Rosen Victory Fund

Mailing Address PO Box 15854

City Washington State DC Zip Code 20003

Purpose of Disbursement

Contribution

Category/Type 011

Candidate Name

Office Sought: [ ] House [ ] Senate [ ] President

Disbursement For: 2024 [ ] Primary [ ] General [X] Other (specify) Not Applicable

State: District:

Date of Disbursement

Date of Disbursement 03 / 04 / 2024

FEC Identification Number

FEC Identification Number C00606939

Transaction ID : B867220

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period 1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Jason Smith for Congress

Mailing Address 439 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Contribution

Category/Type 011

Candidate Name

Smith, Jason, , ,

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: MO District: 08

Date of Disbursement

Date of Disbursement 03 / 04 / 2024

FEC Identification Number

FEC Identification Number C00541862

Transaction ID : B867234

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period 1000.00

[ ] Memo Item

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

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

3000.00



**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"/> 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

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)

**A. Johnson Leadership Fund**

Mailing Address 220 West Windsor Ave

City  
Alexandria

State  
VA

Zip Code  
22301

Purpose of Disbursement

Contribution

Candidate Name

011

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	4			2	0	2	4		

FEC Identification Number

C C00608695

**Transaction ID : B867231**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kaine for Virginia**

Mailing Address 1490-5A Quarterpath Rd #272

City  
Williamsburg

State  
VA

Zip Code  
23185

Purpose of Disbursement

Contribution

Candidate Name

Kaine, Tim, , ,

011

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify)

State: VA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	4			2	0	2	4		

FEC Identification Number

C C00495358

**Transaction ID : B867221**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Steve Daines for Montana**

Mailing Address 410 1st Street SE 2nd Floor

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Contribution

Candidate Name

Daines, Steven, , ,

011

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2026

 Primary  General  
 Other (specify) ▼

State: MT

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	4			2	0	2	4		

FEC Identification Number

C C00491357

**Transaction ID : B867232**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

7000.00

# 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"/> 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

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)

### A. Texans for Jodey Arrington

Mailing Address 439 New Jersey Ave SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Contribution

011

Candidate Name

Arrington, Jodey, . .

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: TX

District: 19

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	2	4

FEC Identification Number

C C00588657

Transaction ID : B867226

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Cliff Bentz For Congress

Mailing Address 439 New Jersey Ave SE

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Contribution

011

Candidate Name

Bentz, Cliff, . .

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: OR

District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

FEC Identification Number

C C00725465

Transaction ID : B869110

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Ann Wagner for Congress

Mailing Address 410 1st Street SE 2nd Floor

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Contribution

011

Candidate Name

Wagner, Ann, . .

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: MO

District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	2	4

FEC Identification Number

C C00495846

Transaction ID : B869139

Amount of Each Disbursement this Period

1500.00

Memo Item

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

3000.00

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

# 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"/> 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

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)

**A. Blake Moore For Congress**

Mailing Address 3213 Duke Street Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Contribution

011

Candidate Name

Moore, Blake, . .

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)  Convention

State: UT District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2024

FEC Identification Number

C C00738872

Transaction ID : B869137

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Brittany Pettersen for Colorado**

Mailing Address PO BOX 150887

City Lakewood State CO Zip Code 80215

Purpose of Disbursement

Contribution

011

Candidate Name

Pettersen, Brittany, . .

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)

State: CO District: 07

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2024

FEC Identification Number

C C00637215

Transaction ID : B869138

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Diana DeGette for Congress Inc.**

Mailing Address P.O. Box 61337

City Denver State CO Zip Code 80206

Purpose of Disbursement

Contribution

011

Candidate Name

DeGette, Diana, L, .

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify)  Convention

State: CO District: 01

Date of Disbursement

MM / DD / YYYY  
03 / 29 / 2024

FEC Identification Number

C C00311639

Transaction ID : B869140

Amount of Each Disbursement this Period

1000.00

Memo Item

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

2500.00

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

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)

Form for line numbers: 21b, 22, 23, 24, 25, 26, 27, 28a, 28b, 28c, 29, 30b. Line 23 is checked.

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)

A. Eric Burlison for Congress

Mailing Address 555 Metro Place North Suite 525

City Dublin State OH Zip Code 43017

Purpose of Disbursement

Contribution

011

Candidate Name

Burlison, Eric, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President State: MO District: 07

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

Date of Disbursement

Date of Disbursement: 03 / 29 / 2024

FEC Identification Number

C00788414

Transaction ID : B869149

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 800.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Eric Burlison for Congress

Mailing Address 555 Metro Place North Suite 525

City Dublin State OH Zip Code 43017

Purpose of Disbursement

Contribution

011

Candidate Name

Burlison, Eric, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President State: MO District: 07

Disbursement For: 2024 [ ] Primary [X] General [ ] Other (specify) v

Date of Disbursement

Date of Disbursement: 03 / 29 / 2024

FEC Identification Number

C00788414

Transaction ID : B869135

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 700.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Finstad for Congress

Mailing Address 2776 South Arlington Mill Drive #1

City Arlington State VA Zip Code 22206

Purpose of Disbursement

Contribution

011

Candidate Name

Finstad, Brad, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President State: MN District: 01

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

Date of Disbursement

Date of Disbursement: 03 / 29 / 2024

FEC Identification Number

C00807743

Transaction ID : B869136

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

[ ] Memo Item

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

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

2500.00

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)

Form grid for line numbers 21b-30b with checkboxes, where 23 is checked.

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)

A. Fischbach for Congress

Mailing Address 2776 South Arlington Mill Drive #1

City Arlington State VA Zip Code 22206

Purpose of Disbursement

Contribution

011

Candidate Name

Fischbach, Michelle, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: MN District: 07

Date of Disbursement

Date of Disbursement grid: 03 / 29 / 2024

FEC Identification Number

C C00717959

Transaction ID : B869134

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period grid: 1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Haley Stevens for Congress

Mailing Address PO Box 15096

City Washington State DC Zip Code 20003

Purpose of Disbursement

Contribution

011

Candidate Name

Stevens, Haley, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: MI District: 11

Date of Disbursement

Date of Disbursement grid: 03 / 29 / 2024

FEC Identification Number

C C00638650

Transaction ID : B869132

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period grid: 500.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Meuser For Congress

Mailing Address 8616 Buckboard Drive

City Alexandria State VA Zip Code 22308

Purpose of Disbursement

Contribution

011

Candidate Name

Meuser, Dan, , ,

Category/Type

Office Sought: [X] House [ ] Senate [ ] President

Disbursement For: 2024 [X] Primary [ ] General [ ] Other (specify) v

State: PA District: 09

Date of Disbursement

Date of Disbursement grid: 03 / 29 / 2024

FEC Identification Number

C C00654723

Transaction ID : B869141

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period grid: 500.00

[ ] Memo Item

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

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

SUBTOTAL grid: 2000.00

TOTAL grid: 2000.00

# 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"/> 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

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)

**A. Rudy for Indiana**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2024

Mailing Address 5827 Colfax Ave

FEC Identification Number

C	C00822767
---	-----------

**Transaction ID : B869142**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City Alexandria	State VA	Zip Code 22311
--------------------	-------------	-------------------

Purpose of Disbursement

Contribution

011
-----

Candidate Name

Yakym, Rudy, . .

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: IN District: 02

Full Name (Last, First, Middle Initial)

**B. Strickland for Washington**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2024

Mailing Address 401 Second Ave South Suite 303

FEC Identification Number

C	C00732826
---	-----------

**Transaction ID : B869133**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City Seattle	State WA	Zip Code 98104
-----------------	-------------	-------------------

Purpose of Disbursement

Contribution

011
-----

Candidate Name

Strickland, Marilyn, . .

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: WA District: 10

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

Memo Item

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

2000.00
---------

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

29500.00
----------