

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) 325 7TH ST NW WASHINGTON DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00388819 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR AMENDED (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

5. Covering Period 04 / 01 / 2018 through 06 / 30 / 2018

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

Signature of Treasurer Heafitz, Jonathan, , , [Electronically Filed] Date 07 / 12 / 2018

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)

Page 2

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="15239.52"/>	<input type="text" value="15239.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="29862.19"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10476.90"/>	<input type="text" value="36299.57"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="40339.09"/>	<input type="text" value="51539.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="20500.00"/>	<input type="text" value="31700.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19839.09"/>	<input type="text" value="19839.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Report Covering the Period: From: / / To: / /

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).....	4296.90	14254.57
(ii) Unitemized	180.00	1045.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4476.90	15299.57
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	6000.00	21000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10476.90	36299.57
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)).....▶	10476.90	36299.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10476.90	36299.57

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20500.00	31700.00
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)) ..	20500.00	31700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20500.00	31700.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10476.90	36299.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10476.90	36299.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
	<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Alexander, April, , ,			Date of Receipt MM / DD / YYYY 06 / 21 / 2018
Mailing Address 2127 California St, NW #103			Transaction ID : SA11AI.5764
City Washington	State DC	Zip Code 20008	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) PCMA		Occupation (for Individual) Sr Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bass, Kristin, , ,			Date of Receipt MM / DD / YYYY 06 / 21 / 2018
Mailing Address 812 N. Jackson St			Transaction ID : SA11AI.5762
City Arlington	State VA	Zip Code 22201	Amount of Each Receipt this Period 1153.86
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Pharmaceutical Care Mgmt Assoc		Occupation (for Individual) SVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.03	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Brogan, Tim, , ,			Date of Receipt MM / DD / YYYY 06 / 21 / 2018
Mailing Address 2804 9th Street S			Transaction ID : SA11AI.5760
City Arlington	State VA	Zip Code 22204	Amount of Each Receipt this Period 240.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) PCMA		Occupation (for Individual) Policy Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 520.00	

SUBTOTAL of Receipts This Page (optional).....▶	1633.86
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 16
	<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	

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. Cosgrove, Andy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2212 N Quintana Street
 City Arlington State VA Zip Code 22205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) VP Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 21 / 2018
Transaction ID : SA11AI.5758
 Amount of Each Receipt this Period 230.76
 Memo Item

B. Heafitz, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2704 Emmet Road
 City Silver Spring State MD Zip Code 20902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) Sr Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 21 / 2018
Transaction ID : SA11AI.5765
 Amount of Each Receipt this Period 692.28
 Memo Item

C. Johnson, Greg, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16213 Oak Meadow Drive
 City Derwood State MD Zip Code 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) Director Federal Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 21 / 2018
Transaction ID : SA11AI.5767
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1043.04
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 8 OF 16
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. Joslin, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4440 Willard Ave
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2018
Transaction ID : SA11AI.5768
 Amount of Each Receipt this Period
 120.00
 Memo Item

B. Levy, Barbara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 522 N.Alfred Street
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) Assist VP State Affairs and GC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 21 / 2018
Transaction ID : SA11AI.5769
 Amount of Each Receipt this Period
 120.00
 Memo Item

C. McCraw, Anne, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3802 Fulton St, NW-Apt B
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) Sr Director
 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
 06 / 21 / 2018
Transaction ID : SA11AI.5772
 Amount of Each Receipt this Period
 240.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	480.00
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 9 OF 16
<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

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. Murphy, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 16th Street NW
 City Washington State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 21 / 2018
Transaction ID : SA11AI.5771
 Amount of Each Receipt this Period 120.00
 Memo Item

B. Rowley, Lauren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3415 Charlson Street
 City Annandale State VA Zip Code 22003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) VP State
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 06 / 21 / 2018
Transaction ID : SA11AI.5773
 Amount of Each Receipt this Period 900.00
 Memo Item

C. Shrader, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 206 South Ingram Street
 City Henderson State KY Zip Code 42420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) Senior Director State Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 21 / 2018
Transaction ID : SA11AI.5774
 Amount of Each Receipt this Period 120.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1140.00
TOTAL This Period (last page this line number only).....	4296.90

**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 16
<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

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. AETNA INC. POLITICAL ACTION COMMITTEE

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

Mailing Address 20 F STREET, N.W.
SUITE 350

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00181826

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 M / D D D / Y Y Y Y Y Y
06 / 07 / 2018

Transaction ID : SA11C.5749

Amount of Each Receipt this Period
5000.00

Memo Item

B. PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)

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

Mailing Address 1305 CORPORATE CENTER DR

City EAGAN State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C** C00498105

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2018

Transaction ID : SA11C.5747

Amount of Each Receipt this Period
1000.00

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	6000.00

**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

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. BILL NELSON FOR U S SENATE

Full Name (Last, First, Middle Initial)
Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 00

Date of Disbursement: MM / DD / YYYY
06 / 07 / 2018

FEC Identification Number: **C** C00344051
Transaction ID : SB23.5744
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. BLUE DOG POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
05 / 21 / 2018

FEC Identification Number: **C** C00305318
Transaction ID : SB23.5736
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. FRIENDS OF ERIK PAULSEN

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 44369
250 PRAIRIE CENTER DRIVE

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MN District: 03

Date of Disbursement: MM / DD / YYYY
05 / 10 / 2018

FEC Identification Number: **C** C00439661
Transaction ID : SB23.5715
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

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. JASON LEWIS FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

Mailing Address 13800 NICOLLET BLVD.
PO BOX 3055

City BURNSVILLE State MN Zip Code 55337

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MN District: 02

Date of Disbursement: 05 / 08 / 2018

FEC Identification Number: C00589234
Transaction ID : SB23.5727
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. KATHERINE CLARK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 159

City BELMONT State MA Zip Code 02478

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MA District: 05

Date of Disbursement: 05 / 09 / 2018

FEC Identification Number: C00541888
Transaction ID : SB23.5710
Amount of Each Disbursement this Period: 1000.00

Memo Item

C. KEVIN ROBERTS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 6810 CYPRESS CREEK PKWY

City HOUSTON State TX Zip Code 77069

Purpose of Disbursement

Candidate Name
ROBERTS, KEVIN, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: TX District: 02

Date of Disbursement: 04 / 19 / 2018

FEC Identification Number: C00660118
Transaction ID : SB23.5698
Amount of Each Disbursement this Period: 500.00

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)

<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

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. LAHOOD FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 10735

City PEORIA State IL Zip Code 61612

Purpose of Disbursement

Candidate Name
LAHOOD, DARIN MCKAY, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: IL District: 18

Date of Disbursement: 05 / 31 / 2018

FEC Identification Number: **C00575050**
Transaction ID : SB23.5718
Amount of Each Disbursement this Period: 500.00

Memo Item

B. MULLIN, MARKWAYNE MR., , ,

Full Name (Last, First, Middle Initial)
Mailing Address RT 1 BOX 8255

City WESTVILLE State OK Zip Code 74965

Purpose of Disbursement

Candidate Name
MULLIN FOR CONGRESS

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify)

State: OK District: 02

Date of Disbursement: 04 / 26 / 2018

FEC Identification Number: **C00498345**
Transaction ID : SB23.5704
Amount of Each Disbursement this Period: 1700.00

Memo Item

C. MULLIN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3681

City MUSKOGEE State OK Zip Code 74402

Purpose of Disbursement

Candidate Name
MULLIN, MARKWAYNE MR., , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: OK District: 02

Date of Disbursement: 04 / 26 / 2018

FEC Identification Number: **C00498345**
Transaction ID : SB23.5701
Amount of Each Disbursement this Period: 300.00

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)

<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

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. NRSC

Full Name (Last, First, Middle Initial)

Mailing Address 425 2ND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 17 / 2018

FEC Identification Number: C00027466
Transaction ID : SB23.5721
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. PEOPLE FOR DEREK KILMER

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1381

City TACOMA State WA Zip Code 98402

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: WA District: 06

Date of Disbursement: 05 / 24 / 2018

FEC Identification Number: C00514893
Transaction ID : SB23.5738
Amount of Each Disbursement this Period: 500.00

Memo Item

C. RON ESTES FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 12224 E BRACKEN CT

City WICHITA State KS Zip Code 67206

Purpose of Disbursement

Candidate Name
ESTES, RON, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: KS District: 04

Date of Disbursement: 05 / 08 / 2018

FEC Identification Number: C00632067
Transaction ID : SB23.5707
Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3500.00

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

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. SHORE PAC

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 3157

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 09 / 2018

FEC Identification Number: C00410308

Transaction ID : SB23.5713

Amount of Each Disbursement this Period: 2500.00

Memo Item

B. SMITH, TINA FLINT, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 14362

City SAINT PAUL State MN Zip Code 55114

Purpose of Disbursement

Candidate Name
TINA SMITH FOR MINNESOTA

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify)

State: MN District: 00

Date of Disbursement: 04 / 11 / 2018

FEC Identification Number: C00663781

Transaction ID : SB23.5691

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. STABENOW FOR US SENATE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 4945

City EAST LANSING State MI Zip Code 48826

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District: 00

Date of Disbursement: 05 / 23 / 2018

FEC Identification Number: C00344473

Transaction ID : SB23.5741

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4500.00

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

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. STEVE CHABOT FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 3030 HARRISON AVE.

City CINCINNATI State OH Zip Code 45211

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OH District: 01

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 08 / 2018

FEC Identification Number: C00301838
Transaction ID : SB23.5730
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. TOM MACARTHUR FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 999

City EDISON State NJ Zip Code 08818

Purpose of Disbursement

Candidate Name
MACARTHUR, THOMAS, , ,

Office Sought: House Senate President
State: NJ District: 03

Disbursement For: 2018
 Primary General Other (specify)

Date of Disbursement: MM / DD / YYYY
04 / 25 / 2018

FEC Identification Number: C00557520
Transaction ID : SB23.5723
Amount of Each Disbursement this Period: 2000.00

Memo Item

C. WALDEN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: OR District: 02

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 17 / 2018

FEC Identification Number: C00333427
Transaction ID : SB23.5733
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	20500.00