

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 9TH FLOOR 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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) x October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2020 through 09 / 30 / 2020

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 11 / 10 / 2020

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="2020"/>	<input type="text" value="21870.49"/>	<input type="text" value="21870.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45543.08"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="21019.90"/>	<input type="text" value="89363.69"/>
(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="66562.98"/>	<input type="text" value="111234.18"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25500.00"/>	<input type="text" value="70171.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="41062.98"/>	<input type="text" value="41062.98"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	15824.90	62949.39
(ii) Unitemized .....	195.00	1414.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	16019.90	64363.69
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	21019.90	89363.69
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)).....▶	21019.90	89363.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21019.90	89363.69

**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.....	25500.00	69000.00
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	1171.20
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)) ..	25500.00	70171.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25500.00	70171.20

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	21019.90	89363.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	21019.90	89363.69
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 19
<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. Alexander, April, , ,</b>			Date of Receipt
Mailing Address 880 New Jersey Ave 1117			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2020"/>
City DC	State DC	Zip Code 20003	<b>Transaction ID : SA11AI.4380</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="780.00"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1120.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bass, Kristin, , ,</b>			Date of Receipt
Mailing Address			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2020"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.4381</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="2500.03"/>
Name of Employer (for Individual)		Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3653.89"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cascone, Heather, , ,</b>			Date of Receipt
Mailing Address 9 Fourth Street			<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2020"/>
City Pequannock	State NJ	Zip Code 07440	<b>Transaction ID : SA11AI.4383</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1249.95"/>
Name of Employer (for Individual) PCMA		Occupation (for Individual) Senior Director, State Affairs	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1249.95"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="4529.98"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**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 19
	<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. Dube, Tim, , ,**  
 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 ▼ **680.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2020**

**Transaction ID : SA11AI.4384**

Amount of Each Receipt this Period  
**520.00**

Memo Item

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

Mailing Address 750 Irving St

City State Zip Code  
 DC DC 20004

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

Name of Employer (for Individual) Occupation (for Individual)  
 PCMA AVP Research

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  
**09 / 23 / 2020**

**Transaction ID : SA11AI.4385**

Amount of Each Receipt this Period  
**260.00**

Memo Item

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

Mailing Address 4343 Laclede Way

City State Zip Code  
 St. Louis MO 63108

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

Name of Employer (for Individual) Occupation (for Individual)  
 PCMA Director, State Affairs

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2020**

**Transaction ID : SA11AI.4386**

Amount of Each Receipt this Period  
**260.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1040.00</b>
<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 19
<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. Head, Bill, , ,**

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 ▼ **285.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2020**

**Transaction ID : SA11AI.4387**

Amount of Each Receipt this Period  
**195.00**

Memo Item

**B. Heafitz, Jonathan, , ,**

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 ▼ **2192.22**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2020**

**Transaction ID : SA11AI.4393**

Amount of Each Receipt this Period  
**1499.94**

Memo Item

**C. Mack, Michelle, , ,**

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

Mailing Address **222 Alva Street**

City State Zip Code  
**Waconia MN 55387**

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

Name of Employer (for Individual) Occupation (for Individual)  
**PCMA Director, State Affairs**

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **519.48**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2020**

**Transaction ID : SA11AI.4391**

Amount of Each Receipt this Period  
**375.18**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **2070.12**

**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 19
<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. McCarthy, Brian, , ,**  
 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 ▼  
 3653.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2020  
**Transaction ID : SA11AI.4394**  
 Amount of Each Receipt this Period  
 2499.90  
 Memo Item

**B. Murphy, Catherine, , ,**  
 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 ▼  
 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2020  
**Transaction ID : SA11AI.4395**  
 Amount of Each Receipt this Period  
 260.00  
 Memo Item

**C. Rowley, Lauren, , ,**  
 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 ▼  
 2850.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2020  
**Transaction ID : SA11AI.4397**  
 Amount of Each Receipt this Period  
 1950.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	4709.90
<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 10 OF 19
	<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. Scott, JC, , ,**  
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 ▼  
3653.70

Date of Receipt  
09 / 30 / 2020  
**Transaction ID : SA11AI.4398**

Amount of Each Receipt this Period  
2499.90

Memo Item

**B. Shrader, Melodie, , ,**  
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 ▼  
470.00

Date of Receipt  
09 / 30 / 2020  
**Transaction ID : SA11AI.4399**

Amount of Each Receipt this Period  
325.00

Memo Item

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

Mailing Address 619 Shirley Ave

City State Zip Code  
Norfolk VA 23517

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

Name of Employer (for Individual) Occupation (for Individual)  
PCMA VP Policy

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
09 / 30 / 2020  
**Transaction ID : SA11AI.4400**

Amount of Each Receipt this Period  
650.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3474.90
<b>TOTAL</b> This Period (last page this line number only).....	15824.90

**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 11 OF 19
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**ANTHEM, INC. POLITICAL ACTION COMMITTEE (ANTHEM PAC)**

Mailing Address 1001 PENNSYLVANIA AVENUE, NW  
 SUITE 710

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 Y Y  
 07 / 24 / 2020

**Transaction ID : SA11C.4378**

Amount of Each Receipt this Period  
 5000.00

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).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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)**

Full Name (Last, First, Middle Initial) <b>A. ADRIAN SMITH FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2020
Mailing Address 1126 AVENUE A STE 6		FEC Identification Number C00412890 <b>Transaction ID : SB23.4343</b>
City SCOTTSBLUFF	State NE	Zip Code 69361
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>SMITH, ADRIAN, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NE	District: 03	

Full Name (Last, First, Middle Initial) <b>B. ANGIE CRAIG FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2020
Mailing Address P.O. BOX 22116		FEC Identification Number C00575209 <b>Transaction ID : SB23.4417</b>
City EAGAN	State MN	Zip Code 55122
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 02	

Full Name (Last, First, Middle Initial) <b>C. ARRINGTON, JODEY COOK, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2020
Mailing Address 3022 21ST ST		FEC Identification Number C00588657 <b>Transaction ID : SB23.4346</b>
City LUBBOCK	State TX	Zip Code 79410
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>TEXANS FOR JODEY ARRINGTON</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: TX	District: 19	

**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)**

Full Name (Last, First, Middle Initial) <b>A. CARDENAS, TONY, , ,</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2020
Mailing Address		FEC Identification Number <b>C</b> C00498873 <b>Transaction ID : SB23.4349</b>
City PACOIMA	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>TONY CARDENAS FOR CONGRESS</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: CA	District: 29	

Full Name (Last, First, Middle Initial) <b>B. DR. RAUL RUIZ FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2020
Mailing Address PO BOX 3433		FEC Identification Number <b>C</b> C00502575 <b>Transaction ID : SB23.4410</b>
City PALM DESERT	State CA	Zip Code 92261
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: CA	District: 36	

Full Name (Last, First, Middle Initial) <b>C. DUCKWORTH VICTORY FUND</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2020
Mailing Address 124 WASHINGTON ST. SUITE 101		FEC Identification Number <b>C</b> C00577189 <b>Transaction ID : SB23.4404</b>
City FOXBORO	State MA	Zip Code 20235
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> 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:  
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<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. EVERGREEN PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 499 S CAPITOL ST, SW  
SUITE 422

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C00576090  
Transaction ID : SB23.4437  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. JONES, DOUG, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 131025

City BIRMINGHAM State AL Zip Code 35213

Purpose of Disbursement

Candidate Name  
**DOUG JONES FOR SENATE COMMITTEE**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify)

State: AL District: 00

Date of Disbursement: 08 / 28 / 2020

FEC Identification Number: C00640623  
Transaction ID : SB23.4355  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. 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: 2020  Primary  General  Other (specify) ▼

State: MA District: 05

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C00541888  
Transaction ID : SB23.4428  
Amount of Each Disbursement this Period: 1000.00

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**

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<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. LEE, MIKE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1537

City SALT LAKE CITY State UT Zip Code 84110

Purpose of Disbursement

Candidate Name **LEAD ENCOURAGE ELECT PAC**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 04 / 2020

FEC Identification Number: **C00494302**  
**Transaction ID : SB23.4361**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. LONG TEAM**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3864

City SPRINGFIELD State MO Zip Code 65808

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: **C00712026**  
**Transaction ID : SB23.4407**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**C. MIKIE SHERRILL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 43032

City MONTCLAIR State NJ Zip Code 07043

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: NJ District: 11

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: **C00640003**  
**Transaction ID : SB23.4422**  
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**

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Detailed Summary Page

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<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. 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: 2020  Primary  General  Other (specify) ▼

State: OK District: 02

Date of Disbursement: 08 / 28 / 2020

FEC Identification Number: C00498345  
**Transaction ID : SB23.4352**  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**B. PASCRELL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 100

City TEANECK State NJ Zip Code 07666

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: NJ District: 09

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C00313510  
**Transaction ID : SB23.4434**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. PERDUE, DAVID, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 12077

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement

Candidate Name  
**PERDUE FOR SENATE**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: GA District: 11

Date of Disbursement: 08 / 28 / 2020

FEC Identification Number: C00547570  
**Transaction ID : SB23.4375**  
Amount of Each Disbursement this Period: 2000.00

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**

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<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. SMITH, JASON T, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 45943 HIGHWAY 72

City SALEM State MO Zip Code 65560

Purpose of Disbursement

Candidate Name  
**JASON SMITH FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MO District: 08

Date of Disbursement: 08 / 28 / 2020

FEC Identification Number: C00541862  
**Transaction ID : SB23.4358**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. STAND WITH SANCHEZ**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: CA District: 38

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C00384057  
**Transaction ID : SB23.4425**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. STEVE DAINES FOR MONTANA**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1598

City HELENA State MT Zip Code 59624

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MT District: 00

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C00491357  
**Transaction ID : SB23.4431**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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<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. TEXAS RELOADED**

Full Name (Last, First, Middle Initial)

Mailing Address 5900 MEMORIAL DR STE 215

City HOUSTON State TX Zip Code 77007

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C00754762

Transaction ID : SB23.4439

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. TOM O'HALLERAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 63992

City PHOENIX State AZ Zip Code 85082

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify)

State: AZ District: 01

Date of Disbursement: 09 / 29 / 2020

FEC Identification Number: C00582890

Transaction ID : SB23.4401

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. WALORSKI SWIHART, JACKIE, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 59555 COUNTY ROAD 3

City ELKHART State IN Zip Code 46517

Purpose of Disbursement

Candidate Name  
**WALORSKI FOR CONGRESS INC**

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: IN District: 02

Date of Disbursement: 08 / 28 / 2020

FEC Identification Number: C00468579

Transaction ID : SB23.4372

Amount of Each Disbursement this Period: 500.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	25500.00