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FEC

FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		Office Use Only
NAME OF COMMITTEE (in full) TYF	PE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
PHARMACEUTICAL CARE N	MANAGEMENT ASSOCIATION POLITICAL ACT	ION COMMITTEE (PCMA PAC)
ADDRESS (number and street)	25 7TH ST, NW	
Check if different	OTH FLOOR WASHINGTON	DC 20004 -
2. FEC IDENTIFICATION NUMB	BER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
C C00388819	3. IS THIS REPORT NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3) Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day Primary (12P) PRE-Election	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the: Convention (12C)	Special (12S)
January 31 Year-End Report (YE)	Election on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election General (30G) Report for the:	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period 07	01 / 2020 through 09	30 / 2020
	leport and to the best of my knowledge and belief it is trudelite. Jonathan, , ,	ue, correct and complete.
Type or Print Name of Treasurer		
Signature of Treasurer Heafitz, Jo	onathan, , , [Electronically Filed]	Date 11 10 2020
NOTE: Submission of false, erroneous	s, or incomplete information may subject the person signing the	nis Report to the penalties of 52 U.S.C. § 30109
Office Use		FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

		COLUMN A This Period	COLUMN B
		This Period	Calendar Year-to-Date
(8	a) Cash on Hand January 1, 2020		21870.49
(k	D) Cash on Hand at Beginning of Reporting Period	45543.08	
(0	c) Total Receipts (from Line 19)	21019.90	89363.69
(0	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	66562.98	111234.18
Te	otal Disbursements (from Line 31)	25500.00	70171.20
R	ash on Hand at Close of eporting Period subtract Line 7 from Line 6(d))	41062.98	41062.98
th	ebts and Obligations Owed TO ne Committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations Owed BY ne Committee (Itemize all on chedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

R	eport Covering the Period: From:		09 30 2020
	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(iii) TOTAL (add	195.00	1414.30
	Lines 11(a)(i) and (ii)	16019.90	64363.69
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	5000.00	25000.00
	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
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	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

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
(a) Allo	ng Expenditures: ———————————————————————————————————				
(i)	ivity (from Schedule H4) Federal Share	0.00	0.00		
(ii)	Non-Federal Share	0.00	0.00		
\ /	er Federal Operating	7 1 1 1 1 1 1 1 1			
-	pendituresal Operating Expenditures	0.00	0.00		
	d 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
2. Transfei	s to Affiliated/Other Party	0.00	0.00		
. Contribu	teestions to	0.00	0.00		
Federal and Oth	Candidates/Committees er Political Committees	25500.00	69000.00		
	dent Expenditures hedule E)	0.00	0.00		
. Coordin	ated Party Expenditures C. § 30116(d))	0.00	0.00		
(use Sc	hedule F)	0.00	0.00		
. Loan R	epayments Made	0.00	0.00		
loane M	Made	0.00	0.00		
Refunds	of Contributions To:	0.00	0.00		
	an Political Committees	0.00	0.00		
(b) Pol	itical Party Committees	0.00	0.00		
` '	er Political Committees	4 4 4	4		
	ch as PACs)	0.00	0.00		
` '	d Lines 28(a), (b), and (c))	0.00	0.00		
Other D	isbursements (Including				
	deral Donations)	0.00	1171.20		
Federal	Election Activity (52 U.S.C. § 30101(20))				
. ,	ocated Federal Election Activity				
	m Schedule H6) Federal Share	0.00	0.00		
(.)		0.00	0.00		
	"Levin" Sharederal Election Activity Paid	0.00	0.00		
	irely With Federal Funds	0.00	0.00		
(c) Tot	al Federal Election Activity (add	4 4	4 4 4		
Lin	es 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
	sbursements (add Lines 21(c), 22,				
23, 24,	25, 26, 27, 28(d), 29 and 30(c))	25500.00	70171.20		
	deral Disbursements				
	t Line 21(a)(ii) and Line 30(a)(ii)				
HOIH LIF	ne 31)	25500.00	70171.20		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

rsements Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
3. Total Contributions (other than loans) (from Line 11(d), page 3)	21019.90	89363.69				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21019.90	89363.69				
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00				
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00				
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00				

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

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

					PAGE	6	OF	19	
(c	he	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Detailed Summary Page 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 Alexander, April, , , Date of Receipt Mailing Address 880 New Jersey Ave 2020 1117 City State Zip Code Transaction ID: SA11AI.4380 DC DC 20003 Amount of Each Receipt this Period FEC ID number of contributing C 780.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 1120.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bass, Kristin, , Date of Receipt Mailing Address 2020 City State Zip Code Transaction ID: SA11AI.4381 Amount of Each Receipt this Period FEC ID number of contributing 2500.03 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3653.89 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Cascone, Heather, , , Date of Receipt Mailing Address 9 Fourth Street 30 2020 City Zip Code State Transaction ID: SA11AI.4383 NJ Pequannock 07440 Amount of Each Receipt this Period FEC ID number of contributing C 1249.95 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PCMA** Senior Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1249.95 Other (specify) 4529.98 SUBTOTAL of Receipts This Page (optional).....

Use separate schedule(s) for each category of the

FOR LINE NUMBER:					PAGE	7	OF	19	
(c	he	ck only	or	ie)					
	X	11a		11b		11c	12		
		13		14		15	16		17

Detailed Summary Page 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 Dube, Tim, , , Date of Receipt Mailing Address City State Zip Code Transaction ID: SA11AI.4384 Amount of Each Receipt this Period FEC ID number of contributing C 520.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 680.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Frost, Amanda, , , Date of Receipt Mailing Address 750 Irving St 2020 City State Zip Code Transaction ID: SA11AI.4385 DC DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PCMA AVP Research** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 260.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Hallemeier, Sam, , , Date of Receipt Mailing Address 4343 Laclede Way 30 2020 City State Zip Code Transaction ID: SA11AI.4386 MO St. Louis 63108 Amount of Each Receipt this Period FEC ID number of contributing C 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PCMA** Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 360.00 Other (specify) 1040.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Name of Employer (for Individual)

Receipt For:

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

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Memo Item

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 Head, Bill, , , Date of Receipt Mailing Address 2020 City State Zip Code Transaction ID: SA11AI.4387 Amount of Each Receipt this Period FEC ID number of contributing C 195.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 285.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Heafitz, Jonathan, , , Date of Receipt Mailing Address 2020 City State Zip Code Transaction ID: SA11AI.4393 Amount of Each Receipt this Period FEC ID number of contributing 1499.94 federal political committee.

Primary General Other (specify) ▼		2192.22	
Full Name of Individual (Last, First, Middle Mack, Michelle, , , Mailing Address 222 Alva Street City	Initial) or Full Orga	anization Name	Date of Receipt 09 30 2020
Waconia	MN	55387	Transaction ID : SA11AI.4391 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		375.18
Name of Employer (for Individual) PCMA		ation (for Individual) or, State Affairs	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 519.48	
SUBTOTAL of Receipts This Page (optional).			2070.12

Occupation (for Individual)

Aggregate Year-to-Date ▼

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

Name of Employer (for Individual)

Receipt For:

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

	FOR LINE NUMBER:					PAGE		9	OF	19	
(check only one)											
		X	11a		11b		11c		12		
			13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. 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 McCarthy, Brian, , , Date of Receipt Mailing Address 2020 City State Zip Code Transaction ID: SA11AI.4394 Amount of Each Receipt this Period FEC ID number of contributing C 2499.90 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 3653.70 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Murphy, Catherine, , , Date of Receipt Mailing Address 2020 City State Zip Code Transaction ID: SA11AI.4395 Amount of Each Receipt this Period FEC ID number of contributing 260.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 760.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Rowley, Lauren, , , Date of Receipt Mailing Address 30 2020 City State Zip Code Transaction ID: SA11AI.4397 Amount of Each Receipt this Period FEC ID number of contributing C 1950.00 federal political committee.

Primary General Other (specify)	Aggregate Year-to-Date ▼ 2850.00							
SUBTOTAL of Receipts This Page (optional)	4709.90							
TOTAL This Period (last page this line number only)								

Occupation (for Individual)

Memo Item

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

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(check only one)										
	×	11a	11b		11c		12			
		13	14		15		16		17	

	and Statements may not be sold or used by any per sing the name and address of any political committee	
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MA	ANAGEMENT ASSOCIATION POLITICAL	ACTION COMMITTEE (PCMA PAC)
Full Name of Individual (Last, First, Mic Scott, JC, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address		09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4398
FEC ID number of contributing	C	Amount of Each Receipt this Period
federal political committee.	0	2433.50
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.70	
Full Name of Individual (Last, First, Mid Shrader, Melodie, , , Mailing Address	ddle Initial) or Full Organization Name	Date of Receipt
City	State Zip Code	Transaction ID : SA11AI.4399 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	325.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 470.00	
Full Name of Individual (Last, First, Mic C. Winiarek, Claire, , ,	ddle Initial) or Full Organization Name	Date of Receipt
Mailing Address 619 Shirley Ave		09 30 2020
City Norfolk	State Zip Code VA 23517	Transaction ID : SA11AI.4400 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	650.00
Name of Employer (for Individual) PCMA	Occupation (for Individual) VP Policy	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 900.00	
SUBTOTAL of Receipts This Page (option	nal)	3474.90
TOTAL This Period (last page this line no	umber only)	15824.90

		FOR LINE NUMBER: PAGE 11 OF 1						19		
Use separate schedule(s) for each category of the Detailed Summary Page	(ch	eck only	or	ne)						
		11a		11b	×	11c		12		
		13		14		15		16		17
and he could be considered by the second of										

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 ANTHEM, INC. POLITICAL ACTION COMMITTEE (ANTHEM PAC) Date of Receipt Mailing Address 1001 PENNSYLVANIA AVENUE, NW 2020 SUITE 710 City Zip Code State Transaction ID: SA11C.4378 DC WASHINGTON 20004 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00197228 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional)..... 5000.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Use separ	ate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each c Detailed S	ategory of the Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMI				
Full Name (Last, First, Middle Initial) A. ADRIAN SMITH FOR CONGRESS	}	-		Date of Disbursement
Mailing Address 1126 AVENUE A STE 6				08 28 2020
SCOTTSBLUFF	State NE	Zip Code 69361		FEC Identification Number
Purpose of Disbursement Candidate Name			0-1	C C00412890 Transaction ID: SB23.4343 Amount of Food Dishuracement this Posicid
SMITH, ADRIAN, , ,	nent For: 20	020	Category/ Type	Amount of Each Disbursement this Period
	Primary Other (speci	x General y		Memo Item
Full Name (Last, First, Middle Initial) B. ANGIE CRAIG FOR CONGRESS				Date of Disbursement
Mailing Address P.O. BOX 22116				09 29 2020
,	State MN	Zip Code 55122		FEC Identification Number
Candidate Name	Category/ Type			Transaction ID: SB23.4417 Amount of Each Disbursement this Period
Senate President	nent For: 20 Primary Other (speci	✗ General		1000.00 Memo Item
State: MN District: 02 Full Name (Last, First, Middle Initial) ARRINGTON, JODEY COOK, , ,				Date of Disbursement
Mailing Address 3022 21ST ST				08 28 2020
LUBBOCK	State TX	Zip Code 79410		FEC Identification Number
Purpose of Disbursement Candidate Name TEXANS FOR JODEY ARRINGTO	Category/		Category/ Type	C C00588657 Transaction ID : SB23.4346 Amount of Each Disbursement this Period
Senate	nent For: 20 Primary Other (speci	✗ General		1000.00 Memo Item
State: TX District: 19				L mone tem
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				3000.00

S 17

SCHEDULE B (FEC Form 3X)				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		
	Detailed Summary Page	21b 22 x 23 26 27 28b 28c 29 30b		
Any information popular from such Departs and Chate				
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
\bigvee	MENT ASSOCIATION PO	DLITICAL ACTION COMMITTEE (PCMA PAC)		
Full Name (Last, First, Middle Initial)		5. (5.)		
A. CARDENAS, TONY, , , Mailing Address		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	1			
City PACOIMA	State Zip Code	FEC Identification Number		
Purpose of Disbursement		C C00498873		
Candidate Name		Category/ Amount of Each Disbursement this Period		
TONY CARDENAS FOR CONGRI	ESS	Type		
Office Sought: House Disburse Senate	ment For: 2020 Primary x General	1000.00		
President State: CA District: 29	Other (specify) ▼	Memo Item		
Full Name (Last, First, Middle Initial)				
B. DR. RAUL RUIZ FOR CONGRES	S	Date of Disbursement		
Mailing Address PO BOX 3433		09 29 2020		
City PALM DESERT	State Zip Code CA 92261	FEC Identification Number		
Purpose of Disbursement	OA 92201	C C00502575		
•		Transaction ID : SB23.4410		
Candidate Name		Category/ Amount of Each Disbursement this Period		
Office Sought: Y House Disburse	ment For: 2020	Type 1000.00		
Senate	Primary General	4 4		
President State: CA District: 36	Other (specify)	Memo Item		
Full Name (Last, First, Middle Initial)				
c. DUCKWORTH VICTORY FUND		Date of Disbursement		
Mailing Address 124 WASHINGTON ST. SUITE 101				
,	State Zip Code	FEC Identification Number		
FOXBORO	MA 20235			
Purpose of Disbursement		C C00577189 Transaction ID : SB23.4404		
Candidate Name	Car			
Office Sought: House Disburse	Type Office Sought: House Disbursement For: 2020			
Senate	Primary General	4 4		
President x	Other (specify) ▼	Memo Item		
State: District:		Wellio Itelli		
SUBTOTAL of Disbursements This Page (optional)		3000.00		
1 10 (1)				
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 19		
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	NOMBER:		
	for each category of the Detailed Summary Page	21b	22 🗶 23 🔲 26 🔲 27		
		28a	28b 28c 29 30b		
Any information copied from such Reports and State					
or for commercial purposes, other than using the na	me and address of any polit	icai committee to	o solicit continuutions from such committee.		
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEN	MENT ASSOCIATION I		CTION COMMITTEE (DOMA DAC)		
THANINACLUTICAL CARE IVIANAGEN	MENT ASSOCIATION I	OLITICAL A	CHON COMMITTEE (FCMA FAC)		
Full Name (Last, First, Middle Initial)					
A. EVERGREEN PAC			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address 499 S CAPITOL ST, SW SUITE 422			09 29 2020		
City	State Zip Code				
WASHINGTON	DC 20003		FEC Identification Number		
Purpose of Disbursement			C C00576090		
			Transaction ID : SB23.4437		
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ement For: 2020	Туре	1000.00		
Senate	Primary General		1000.00		
President	Other (specify)		□		
State: District:			Memo Item		
Full Name (Last, First, Middle Initial)					
B. JONES, DOUG, , ,			Date of Disbursement		
			M = M / D = D / Y = Y = Y		
Mailing Address PO BOX 131025			08 28 2020		
City	State Zip Code		FEO.11		
BIRMINGHAM	AL 35213		FEC Identification Number		
Purpose of Disbursement	<u>'</u>		C C00640623		
Condidate Name			Transaction ID : SB23.4355		
Candidate Name DOUG JONES FOR SENATE CO	MMITTEE	Category/	Amount of Each Disbursement this Period		
	ement For: 2020	Туре	1000.00		
x Senate	Primary				
President	Other (specify)		Mome Item		
State: AL District: 00	J		Memo Item		
Full Name (Last, First, Middle Initial)					
c. KATHERINE CLARK FOR CONG	RESS		Date of Disbursement		
Mailing Address DO DOV 450			M M / D D / Y Y Y Y		
Mailing Address PO BOX 159			09 29 2020		
City	State Zip Code		FEC Identification Number		
BELMONT	MA 02478		FEC Identification Number		
Purpose of Disbursement			C C00541888		
Candidate Name			Transaction ID : SB23.4428		
Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ement For: 2020	Type	1000.00		
Senate	Primary General		4 4		
President	Other (specify) ▼		Memo Item		
State: MA District: 05			World Roll		
SUBTOTAL of Disbursements This Page (optional).		·····•	3000.00		
TOTAL This Davied (last many 4):	Δ				
TOTAL This Period (last page this line number only	/)				

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE			
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b		
Any information copied from such Reports and Stater or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM					
Full Name (Last, First, Middle Initial) A. LEE, MIKE, , ,	· · · · · · · · · · · · · · · · · · ·				
Mailing Address PO BOX 1537			09 04 2020		
SALT LAKE CITY	State Zip Code 84110		FEC Identification Number		
Purpose of Disbursement Candidate Name		Octobrook	C C00494302 Transaction ID : SB23.4361 Amount of Fach Dishurament this Period		
LEAD ENCOURAGE ELECT PAC		Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburser Senate President	ment For: 2020 Primary General Other (specify) ▼		1000.00 Memo Item		
State: District:			Wellio Itelli		
Full Name (Last, First, Middle Initial) B. LONG TEAM			Date of Disbursement		
Mailing Address PO BOX 3864			09 29 2020		
City SPRINGFIELD	State Zip Code MO 65808		FEC Identification Number		
Purpose of Disbursement			C C00712026 Transaction ID : SB23.4407		
Candidate Name	Category/ Type		Amount of Each Disbursement this Period		
Senate	ment For: 2020 Primary General Other (specify)		2000.00		
State: District:	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial) C. MIKIE SHERRILL FOR CONGRES	SS		Date of Disbursement		
Mailing Address PO BOX 43032			09 29 2020		
City MONTCLAIR Purpose of Disbursement	State Zip Code NJ 07043		FEC Identification Number		
Candidate Name		Category/ Type	Transaction ID : SB23.4422 Amount of Each Disbursement this Period		
Office Sought: House Senate President Disburser	ment For: 2020 Primary General Other (specify)	.,,,,,	500.00		
State: NJ District: 11	Other (specify)		Memo Item		
SUBTOTAL of Disbursements This Page (optional)		······•	3500.00		
TOTAL This Period (last page this line number only))				

SC	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 O				
ITI	EMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28c 29 30b			
or	y information copied from such Reports and Stater for commercial purposes, other than using the name							
\geq	NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	ENT ASS	OCIATION PO	OLITICAL AG	CTION COMMITTEE (PCMA PAC)			
	Full Name (Last, First, Middle Initial) MULLIN, MARKWAYNE MR., , ,				Date of Disbursement			
	Mailing Address RT 1 BOX 8255				08 28 2020			
	City WESTVILLE Purpose of Disbursement	State Zip Code 74965 Category/			FEC Identification Number			
	Candidate Name				C C00498345 Transaction ID : SB23.4352 Amount of Each Disbursement this Period			
	MULLIN FOR CONGRESS Office Sought: House Senate Disburser	rsement For: 2020 Primary		Туре	1500.00			
	State: OK District: 02	Other (spec	ify) ▼		Memo Item			
B.	Full Name (Last, First, Middle Initial) PASCRELL FOR CONGRESS				Date of Disbursement			
	Mailing Address PO BOX 100		09 29 2020					
	City TEANECK Purpose of Disbursement	State NJ	Zip Code 07666		FEC Identification Number C C00313510			
	Candidate Name	Category/ Type ment For: 2020 Primary General Other (specify)			Transaction ID : SB23.4434 Amount of Each Disbursement this Period			
	Office Sought: X House Disburser			,	1000.00			
	State: NJ District: 09	(0,000			Memo Item			
	Full Name (Last, First, Middle Initial) PERDUE, DAVID, , ,				Date of Disbursement			
	Mailing Address PO BOX 12077		08 28 2020					
	City State Zip Code ATLANTA GA 30355 Purpose of Disbursement				FEC Identification Number C C00547570			
	Candidate Name PERDUE FOR SENATE			Category/ Type	Transaction ID: SB23.4375 Amount of Each Disbursement this Period			
	Senate President	rsement For: 2020 Primary General Other (specify) ▼			2000.00 Memo Item			
					4500.00			
\vdash	JBTOTAL of Disbursements This Page (optional)				4300.00			
T	OTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X)	Lico congrato cohodulo(s)	FOR LINE NUMBER: PAGE 17 OF 19			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 X 23 26 27 28a 28b 28c 29 30b			
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	ENT ASSOCIATION PO	DLITICAL ACTION COMMITTEE (PCMA PAC)			
Full Name (Last, First, Middle Initial) A. SALUD CARBAJAL FOR CONGRE	ESS	Date of Disbursement			
Mailing Address PO BOX 1290		09 29 2020			
City SANTA BARBARA Purpose of Disbursement	State Zip Code CA 93102	FEC Identification Number C C00576041			
Candidate Name	l	Category/ Type Transaction ID : SB23.4413 Amount of Each Disbursement this Period			
Senate	nent For: 2020 Primary	500.00 Memo Item			
State: CA District: 24 Full Name (Last, First, Middle Initial) B. SCHNEIDER, BRADLEY SCOTT,	, ,	Date of Disbursement			
Mailing Address City S	State Zip Code	08 28 2020			
DEERFIELD Purpose of Disbursement	Zip Code	FEC Identification Number C C00495952 Transaction ID : SB23,4364			
Candidate Name SCHNEIDER FOR CONGRESS Office Sought: House Disbursen	nent For: 2020	Category/ Type Amount of Each Disbursement this Period 1000.00			
Senate	Primary General Other (specify)	Memo Item			
Full Name (Last, First, Middle Initial) - SHALALA, DONNA, , ,		Date of Disbursement			
Mailing Address 219 PENNSYLVANIA AVE SE 3RD FLOOR					
City S WASHINGTON Purpose of Disbursement	State Zip Code 20003	FEC Identification Number C C00672311			
Candidate Name DONNA SHALALA FOR CONGRE	Category/ Type Transaction ID: SB23.4369 Amount of Each Disbursement this Period 1000.00				
Senate	nent For: 2020 Primary	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	for each	arate schedule(s) category of the Summary Page	FOR LINE (check only		
			28a	28b 28c 29 30b	
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM					
Full Name (Last, First, Middle Initial) A. SMITH, JASON T, , ,				Date of Disbursement	
Mailing Address 45943 HIGHWAY 72				08 28 2020	
SALEM	State MO	Zip Code 65560		FEC Identification Number	
Purpose of Disbursement Candidate Name				C C00541862 Transaction ID : SB23.4358	
JASON SMITH FOR CONGRESS			Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disbursen	nent For: 2 Primary Other (spec	✗ General		1000.00	
State: MO District: 08	. (- - 30			Memo Item	
Full Name (Last, First, Middle Initial) B. STAND WITH SANCHEZ				Date of Disbursement	
Mailing Address PO BOX 83142	State Zip Code MD 20883 Category/ Type			09 29 2020 FEC Identification Number C C00384057	
,					
Candidate Name			Category/ Type	Transaction ID : SB23.4425 Amount of Each Disbursement this Period	
Senate	nent For: 2 Primary Other (spec	✗ General		1000.00 Memo Item	
Full Name (Last, First, Middle Initial) C. STEVE DAINES FOR MONTANA				Date of Disbursement	
Mailing Address PO BOX 1598				09 29 2020	
HELENA	State MT	Zip Code 59624		FEC Identification Number	
Purpose of Disbursement Candidate Name	Category/		Category/ Type	C C00491357 Transaction ID : SB23.4431 Amount of Each Disbursement this Period	
	nent For: 2 Primary Other (spec	✗ General		2000.00	
State: MT District: 00				Memo Item	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				4000.00	

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for each category of the purpose of Disbursement Formary Pege	SCHEDULE B (FEC Form 3X)	Hoo consusts as Is a state (1)	FOR LINE		PAGE 19 OF 19	
Detailed Summary Page	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	I ' — '] 26		
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. TEXAS RELOADED Mailing Address 5900 MEMORIAL DR STE 215 City HOUSTON Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: 2020 State: Other (specify) State: Other (specify) Mailing Address PO BOX 63892 City HOENIX AZ Zg Code HOENIX Rame (Last, First, Middle Initial) TOM O'HALLERAN FOR CONGRESS Mailing Address PO BOX 63892 City HOENIX AZ Zg Code HOENIX AZ State: Disbursement Candidate Name Candidate Name Office Sought: Jeouse Disbursement For: 2020 Transaction ID: S823.4401 Amount of Each Disbursement This Period Transaction ID: S823.4401 Amount of Each Disbursement This Period Transaction ID: S823.4401 Amount of Each Disbursement This Period Transaction ID: S823.4401 Amount of Each Disbursement This Period Transaction ID: S823.4401 Amount of Each Disbursement This Period Transaction ID: S823.4401 Amount of Each Disbursement This Period Transaction ID: S823.4401 Amount of Each Disbursement This Period Transaction ID: S823.4401 Amount of Each Disbursement This Period Transaction ID: S823.4401 Amount of Each Disbursement This Period Transaction ID: S823.4402 Amount of Each Disbursement This Period Transaction ID: S823.4402 Amount of Each Disbursement This Period Transaction ID: S823.4402 Amount of Each Disbursement This Period Transaction ID: S823.4402 Amount of Each Disbursement This Period Transaction ID: S823.4402 Amount of Each Disbursement This Period Transaction ID: S823.4402 Amount of Each Disbursement This Period Transaction ID: S823.4402 Amount of Each Disbursement This Period Transaction ID: S823.4402 A		Detailed Summary Page				
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PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name (Last, First, Middle Initial) A. TEXAS RELOADED Mailing Address 5900 MEMORIAL DR STE 215 City State Zip Code TX 77007 Purpose of Disbursement Candidate Name Category' Office Sought: House Disbursement For: 2020 State: District Full Name (Last, First, Middle Initial) 3. TOM O'HALLERAN FOR CONGRESS Mailing Address FO BOX 63992 City State: AZ District 01 Full Name (Last, First, Middle Initial) State: AZ District 01 Full Name (Last, First, Middle Initial) State: AZ District 01 Category' Office Sought: Y House Disbursement For: 2020 FEC Identification Number Category' Category' Transaction ID: \$823.4491 Amount of Each Disbursement this Period Transaction ID: \$823.4401 Amount of Each Disbursement Tibs Period Transaction ID: \$823.4401 Amount of Each Disbursement Tibs Period Transaction ID: \$823.4401 Amount of Each Disbursement Tibs Period Transaction ID: \$823.4401 Amount of Each Disbursement Tibs Period Transaction ID: \$823.4401 Amount of Each Disbursement Tibs Period Category' Transaction ID: \$823.4401 Amount of Each Disbursement Tibs Period Transaction ID: \$823.4401 Amount of Each Disbursement Tibs Period Transaction ID: \$823.4401 Amount of Each Disbursement Tibs Period Transaction ID: \$823.4401 Amount of Each Disbursement Tibs Period Transaction ID: \$823.4401 Amount of Each Disbursement Tibs Period Memo Item Subtotal of Disbursement Tibs Period Memo Item Subtotal of Disbursement Tibs Period Memo Item						
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Mailing Address 5900 MEMORIAL DR STE 215 Code TX TX TX TX TX TX TX T	Full Name (Last, First, Middle Initial) A. TEXAS RELOADED			Date of Disbursemen	nt	
HOUSTON Purpose of Disbursement Candidate Name Category/ Type Candidate Name Category/ Type Disbursement For: 2020 Senate President State: Disbursement For: 2020 Senate Primary Other (specify) TOM O'HALLERAN FOR CONGRESS Mailing Address PO BOX 63992 City PHOENIX AZ State Senate President Category/ Type Disbursement Category/ Type Disbursement Transaction ID: SB23.4439 Amount of Each Disbursement this Period Memo Item Date of Disbursement Category/ Type Transaction ID: SB23.4439 Amount of Each Disbursement Date of Disbursement Category/ Type Transaction ID: SB23.4401 Amount of Each Disbursement Category/ Type Transaction ID: SB23.4401 Amount of Each Disbursement Category/ Type Transaction ID: SB23.4401 Amount of Each Disbursement Category/ Type Sought: X House President State: AZ District: 01 Pull Name (Last, First, Middle Initial) City City State: AZ District: 01 Date of Disbursement Date of Disbursement Date of Disbursement Transaction ID: SB23.4401 Amount of Each Disbursement Transaction ID: SB23.4401 Amount of Each Disbursement Category/ Type Sought: X House Disbursement For: 2020 City State: IN Date of Disbursement Category/ Type Transaction ID: SB23.4372 Amount of Each Disbursement Category/ Type Transaction ID: SB23.4372 Amount of Each Disbursement Category/ Type Transaction ID: SB23.4372 Amount of Each Disbursement Category/ Type Transaction ID: SB23.4372 Amount of Each Disbursement this Period Memo Item Subtotal of Disbursement this Period Memo Item Subtotal of Disbursement this Period Memo Item Subtotal of Disbursement this Period Memo Item District: 02 District: 02 District: 02 District: 03 District: 04 District: 04 District: 05 District: 05 District: 05 District: 05 District: 06 District: 07 District: 0	Mailing Address 5900 MEMORIAL DR STE 215					
Candidate Name Category/ Type Transaction ID: \$B23.4439 Amount of Each Disbursement this Period Office Sought:	•	1 *		FEC Identification N	umber	
Candidate Name Office Sought: House Senate President State: District: Pull Name (Last, First, Middle Initial) Tom O'HALLERAN FOR CONGRESS Mailing Address PO BOX 63992 City State AZ B5082 President President Senate President Senate President Other (specify) Full Name (Last, First, Middle Initial) Tom O'HALLERAN FOR CONGRESS Mailing Address PO BOX 63992 City State AZ B5082 Propose of Disbursement Candidate Name Office Sought: X House Senate President Other (specify) Full Name (Last, First, Middle Initial) CWALORSKI SWIHART, JACKIE, , Mailing Address 59555 COUNTY ROAD 3 City State: AZ District: 01 Candidate Name WALORSKI FOR CONGRESS INC Office Sought: X House In A6517 Purpose of Disbursement Candidate Name WALORSKI FOR CONGRESS INC Office Sought: X House In A6517 Purpose of Disbursement Candidate Name WALORSKI FOR CONGRESS INC Office Sought: X House In A6517 Purpose of Disbursement Candidate Name WALORSKI FOR CONGRESS INC Office Sought: X House In Disbursement For: 2020 Senate President In A6517 Purpose of Disbursement Category/ Type Memo Item Subtotal of Disbursement this Period Memo Item Subtotal of Disbursement this Period Memo Item Subtotal of Disbursement this Period Memo Item	Purpose of Disbursement				· SB23 4439	
Senate President State: District: State: District: Full Name (Last, First, Middle Initial) TOM O'HALLERAN FOR CONGRESS Mailing Address PO BOX 63992 City PHOENIX AZ Zip Code AZ 85082 Candidate Name Category/ Type Candidate Name Disbursement For: 2020 Full Name (Last, First, Middle Initial) State: AZ District: 01 Full Name (Last, First, Middle Initial) C: WALORSKI SWIHART, JACKIE, , , Mailing Address 59555 COUNTY ROAD 3 City ELKHART IN 46517 Purpose of Disbursement Candidate Name City ELKHART IN 46517 Candidate Name WALORSKI FOR CONGRESS INC Office Sought: X House Senate Primary X General Primary X General Primary X General President Senate President In Septiment For: 2020 City ELKHART IN 46517 Candidate Name WALORSKI FOR CONGRESS INC Office Sought: X House Senate Primary X General Primar	Candidate Name				bursement this Period	
State: District: Full Name (Last, First, Middle Initial) 3. TOM O'HALLERAN FOR CONGRESS Mailing Address PO BOX 63992 City PHOENIX	Senate	Primary General			1000.00	
Date of Disbursement		Other (specily)		Memo Item		
City PHOENIX	B. TOM O'HALLERAN FOR CONGRE	ESS		M = M / D = D	/ Y = Y = Y	
PHOENIX Purpose of Disbursement Candidate Name Category/ Type Office Sought:		State Zin Code		05 23	2020	
Candidate Name Category/ Type Office Sought:	-	'		FEC Identification N	umber	
Candidate Name Office Sought:	Purpose of Disbursement			C C00582890		
Office Sought:	Candidate Name					
State: AZ District: 01 Full Name (Last, First, Middle Initial) C. WALORSKI SWIHART, JACKIE, , Mailing Address 59555 COUNTY ROAD 3 City ELKHART Purpose of Disbursement Candidate Name WALORSKI FOR CONGRESS INC Office Sought: X House President State: IN District: 02 Disbursement For: 2020 Primary A General Other (specify) Memo Item Memo Item Date of Disbursement Date of Disbursement FEC Identification Number Category/ Type Category/ Type Memo Item Memo Item Date of Disbursement Memo Item Memo Item Proceeding Address 59555 COUNTY ROAD 3 Category/ Type Other (specify) Memo Item 2000.00				4	500.00	
Mailing Address 59555 COUNTY ROAD 3 City ELKHART Purpose of Disbursement Candidate Name WALORSKI FOR CONGRESS INC Office Sought: Senate President State: IN District: 02 Date of Disbursement MMM 08 28 2020 FEC Identification Number Category/ Type Category/ Type Category/ Type Other (specify) Memo Item Date of Disbursement MMM 08 28 2020 FEC Identification Number Category/ Type Transaction ID: SB23.4372 Amount of Each Disbursement this Period Memo Item SUBTOTAL of Disbursements This Page (optional)		Other (specify)		Memo Item		
Mailing Address 59555 COUNTY ROAD 3 City ELKHART Purpose of Disbursement Candidate Name WALORSKI FOR CONGRESS INC Office Sought: X House President President President State: IN District: 02 Subtrotal of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial) C. WALORSKI SWIHART, JACKIE, , ,	1		Date of Disbursemen	nt	
ELKHART Purpose of Disbursement Candidate Name WALORSKI FOR CONGRESS INC Office Sought: President State: IN District: 02 IN 46517 Category/ Type Category/ Type Category/ Type Category/ Type Category/ Type Memo Item 2000.00	Mailing Address 59555 COUNTY ROAD 3					
Candidate Name WALORSKI FOR CONGRESS INC Office Sought:	ELKHART			umber		
Office Sought: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)						
State: IN District: 02 SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disbursem	nent For: 2020 Primary	· · · · · · · · · · · · · · · · · · ·	Mome Harra	500.00	
25500 00				Ivierno item		
25500.00	SUBTOTAL of Disbursements This Page (optional)				2000.00	
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