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FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS

For Other Than An Authorized Committee

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) 401 Pennsylvania Ave  
Suite 740  
Washington DC 20004

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00387819

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), 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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). Election on: 07/15/2004 In the State of DC. (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S). Election on: 07/15/2004 In the State of DC.

5. Covering Period 07/01/2004 through 06/30/2004

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

Signature of Treasurer [Signature] Date 07/19/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

**PCMA PAC**

Report Covering the Period:

From:

**04 01 2004**

To:

**06 30 2004**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <b>2004</b>		<b>1500000</b>
(b) Cash on Hand at Beginning of Reporting Period	<b>3975000</b>	
(c) Total Receipts (from Line 19)	<b>500000</b>	<b>3025000</b>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<b>4475000</b>	<b>4525000</b>
7. Total Disbursements (from Line 31)	<b>1100000</b>	<b>1150000</b>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<b>3375000</b>	<b>3375000</b>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<b>0</b>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<b>0</b>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

ECMA PAC

Report Covering the Period:

From:

04 01 2004

To:

06 30 2004

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) .....

0

(ii) Unitemized .....

0

(iii) TOTAL (add  
Lines 11(a)(i) and (ii) .....

0

10,250.00

(b) Political Party Committees .....

0

0

(c) Other Political Committees  
(such as PACs) .....

5,000.00

3,000.00

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5) .....

5,000.00

30,250.00

12. Transfers From Affiliated/Other  
Party Committees .....

0

0

13. All Loans Received .....

0

0

14. Loan Repayments Received .....

0

0

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5) .....

0

0

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees .....

0

0

17. Other Federal Receipts  
(Dividends, Interest, etc.) .....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3) .....

0

0

(b) Levin Funds (from Schedule H5) .....

0

0

(c) Total Transfers (add 18(a) and 18(b)) .....

0

0

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

0

0

5,000.00

30,250.00

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19) .....

5,000.00

30,250.00

**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	
(ii) Non-Federal Share	0	
(b) Other Federal Operating Expenditures	0	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	
22. Transfers to Affiliated/Other Party Committees	0	
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,000.00	11,500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	11,000.00	11,500.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	11,000.00	11,500.00

DETAILED SUMMARY PAGE

of Disbursements

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) .....	5,000,000	30,350,000
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5,000,000	30,350,000
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

Handwritten text on the left margin: 02/24/07 11:13 AM

**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 / OF /
	<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 15

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 Mgmt. Assoc. Political Action Comm.*

Full Name (Last, First, Middle Initial)  
**A.** *Express Scripts, Inc. Political Fund*

Mailing Address  
*13900 Riverport Drive*

City State Zip Code  
*Maryland Heights, MO 63043*

FEC ID number of contributing federal political committee.  
**C 00065072**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date

Date of Receipt  
*Comm.*

**05 / 02 / 2004**

Amount of Each Receipt this Period  
**5000.00**

Full Name (Last, First, Middle Initial)  
**B.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **5000.00**

TOTAL This Period (last page this line number only) **5000.00**

2004-05-03 10:54:27

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)						PAGE 1 OF 3
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 26a	<input checked="" type="checkbox"/> 23 26b	<input type="checkbox"/> 24 26c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (in Full)  
*Pharmaceutical Care Management Assoc. Political Action Committee*

A. *Americas Foundation*

Full Name (Last, First, Middle Initial)

Mailing Address: *128 N. Columbus Street*

City: *Alexandria VA* State: *VA* Zip Code: *22314*

Purpose of Disbursement: *Federal Candidate Contrib.* Category/Type: *011*

Candidate Name: *Rich Santorum*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: *04/21/2004*

Amount of Each Disbursement this Period: *186897*

B. *Friends of Max Baucus*

Full Name (Last, First, Middle Initial)

Mailing Address: *PO Box 2555*

City: *Billings, MT* State: *MT* Zip Code: *59103*

Purpose of Disbursement: *Federal Candidate Contrib.* Category/Type: *011*

Candidate Name: *Max Baucus*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: *04/29/2004*

Amount of Each Disbursement this Period: *186925*

C. *The Grassley Committee*

Full Name (Last, First, Middle Initial)

Mailing Address: *PO Box 1000*

City: *Des Moines IA* State: *IA* Zip Code: *50304*

Purpose of Disbursement: *Federal Candidate Contrib.* Category/Type: *011*

Candidate Name: *Chuck Grassley*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: *05/13/2004*

Amount of Each Disbursement this Period: *3000.00*

SUBTOTAL of Disbursements This Page (optional) *573822*

TOTAL This Period (last page this line number only)

12-01-04 10:23 AM

**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)						PAGE <u>2</u> OF <u>3</u>
	<input type="checkbox"/> 21a 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)  
Pharmaceutical Care Mgmt Assoc Political Action Comm

A. Keep Our Majority Political Action Comm

Full Name (Last, First, Middle Initial)

Mailing Address: PO Box 20290

City: Alexandria VA State: VA Zip Code: 22300

Purpose of Disbursement: Political Contribution Category/Type: 011

Candidate Name: Dennis Hastert

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: IL District: 17

Date of Disbursement: 05 / 18 / 2004

Amount of Each Disbursement this Period: 2000.00

B. Friends of Blanche Lincoln

Full Name (Last, First, Middle Initial)

Mailing Address: PO Box 3197

City: Little Rock AR State: AR Zip Code: 72203

Purpose of Disbursement: Federal Candidate Contrib Category/Type: 011

Candidate Name: Blanche Lincoln

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: AR District: ▼

Date of Disbursement: 05 / 19 / 2004

Amount of Each Disbursement this Period: 1000.00

C. Price for Congress

Full Name (Last, First, Middle Initial)

Mailing Address: 1155 21st St, NW Suite 330

City: Washington DC State: DC Zip Code: 20036

Purpose of Disbursement: Federal Candidate Contrib Category/Type: 011

Candidate Name: Deborah Price

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: OH District: 15

Date of Disbursement: 05 / 26 / 2004

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) 4000.00

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)						PAGE 1 OF 2
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Mgmt Assoc. Political Action Comm*

A. Full Name (Last, First, Middle Initial)  
*Jon Kyl for US Senate*

Mailing Address  
*507 Capitol Court NE #100*

City State Zip Code  
*Washington DC 20002*

Purpose of Disbursement  
*Federal Candidate Contrib*

Candidate Name  
*Jon Kyl*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
*06 ' 18 ' 2004*

Amount of Each Disbursement this Period  
*1,000.00*

Category/Type  
*011*

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) *1,000.00*

TOTAL This Period (last page this line number only) *107,382.2*

**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)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Mgmt Assoc. Political Action

Full Name (Last, First, Middle Initial)

A. Americas Foundation

Date of Disbursement

Comm.

04 / 21 / 2004

Mailing Address

123 N. Columbus Street

City

Alexandria, VA 22314

Purpose of Disbursement

Breakfast Expenses

007

Amount of Each Disbursement this Period

131.03

Candidate Name

Rick Santorum

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Friends of Max Baucus

Date of Disbursement

04 / 29 / 2004

Mailing Address

PO Box 3555

City

Billings, MT 59103

Purpose of Disbursement

Breakfast Expense

007

Amount of Each Disbursement this Period

130.75

Candidate Name

Max Baucus

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

000 / 000 / 0000

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) ▶

261.78

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

261.78

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt  
7-21-04

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*SEI*  
 PREPARER  
 (5/2004)

7-21-04  
 DATE PREPARED

2014-03-03 09:47:35