PAGE 1 / 24

FEC FORM 3X	AND DIS	OF RECEIPT BURSEMENT An Authorized Committee	S	Office Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT	Example: If typin over the lines.	ng, type 12FE4M	M5
Pharmaceutical Ca			ction Committee (F	PCMA PAC)
ADDRESS (number and stre	eet)			
Check if different than previously reported. (ACC)	Washington			20004
2. FEC IDENTIFICATIO		CITY A	STATE	ZIP CODE
C C00388819				MENDED A)
<ul> <li><b>4. TYPE OF REPOR</b> (Choose One)</li> <li>(a) Quarterly Reports:</li> </ul>	Report Due On:	Mar 20 (M3)	Jun 20 (M6)	g 20 (M8) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) tt 20 (M10) Jan 31 (YE)
April 15 Quarterly Rep July 15 Quarterly Rep October 15 Quarterly Rep	port (Q2) (C) 12-Day PRE-E Report	for the:	(12C) Special	
January 31 Year-End Rep July 31 Mid-1 Report (Non- Year Only) (N	rear (d) 30-Day election (d) <b>90ST</b> -	Election X General (300	G) Runoff	(30R) (30R) (30S)
Termination F (TER)		for the:	08 / Y Y Y 2022	in the DC State of DC
5. Covering Period	M M / D D / 10 01	2022 through	M M / D D 28	/ Y Y Y Y 2022
I certify that I have examin Type or Print Name of Tre	Heafitz, Jonatha	ne best of my knowledge and I n, , ,	belief it is true, correct a	nd complete.
Signature of Treasurer	Heafitz, Jonathan, , ,	[Electronicall]	y Filed] Date 12	M / D D / Y Y Y Y Y 07 2022
	erroneous, or incomplete	information may subject the per-	son signing this Report to	the penalties of 52 U.S.C. § 30109
Office Use Only				FEC FORM 3X Rev. 05/2016

#### 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)

R	Report Covering the Period: From:	10 01 / Y Y Y Y Y 2022 T	o: 11 28 2022
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2022		20801.95
	(b) Cash on Hand at Beginning of Reporting Period	3636.09	
	(c) Total Receipts (from Line 19)	4824.24	71770.48
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	8460.33	92572.43
7.	Total Disbursements (from Line 31)	6014.94	90127.04
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2445.39	2445.39
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

Image#	20221	206954	7155574
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#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Report Covering the Period:       From:       Image: Marcology of the period of									
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date							
. Contributions (other than loans) From:		-							
(a) Individuals/Persons Other									
Than Political Committees	4590.24	43533.42							
(i) Itemized (use Schedule A)									
(ii) Unitemized	234.00	3237.06							
(iii) TOTAL (add									
Lines 11(a)(i) and (ii)	4824.24	46770.48							
(b) Political Party Committees	0.00	0.00							
(c) Other Political Committees	0.00	25000.00							
(such as PACs)	0.00	23000.00							
<ul><li>(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry</li></ul>									
Totals to Line 33, page 5)	4824.24	71770.48							
Transfers From Affiliated/Other									
Party Committees	0.00	0.00							
-									
. All Loans Received	0.00	0.00							
. Loan Repayments Received	0.00	0.00							
. Offsets To Operating Expenditures									
(Refunds, Rebates, etc.)	0.00	0.00							
(Carry Totals to Line 37, page 5)	0.00	0.00							
to Federal Candidates and Other									
Political Committees	0.00	0.00							
. Other Federal Receipts		4							
(Dividends, Interest, etc.)	0.00	0.00							
. Transfers from Non-Federal and Levin Funds									
(a) Non-Federal Account									
(from Schedule H3)	0.00	0.00							
	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							
		0.00							
. Total Receipts (add Lines 11(d),									
12, 13, 14, 15, 16, 17, and 18(c))▶	4824.24	71770.48							

4824.24

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......► 71770.48

I

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	Page 4		
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
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	14.94	627.04		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	14.94	627.04		
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	6000.00	89500.00		
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.0(		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
<ul><li>(d) Total Contribution Refunds</li><li>(add Lines 28(a), (b), and (c))</li></ul>	0.00	0.00		
Other Disbursements (Including Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(2	41. 42. 43.			
(a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
<ul><li>(ii) "Levin" Share</li><li>(b) Federal Election Activity Paid</li></ul>	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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c)).	6014.94	90127.04		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	6014.94	90127.04		
	-77			

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)		Page <b>5</b>
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)	4824.24	71770.48
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	4824.24	71770.48
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	14.94	627.04
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
<ol> <li>Net Operating Expenditures (subtract Line 37 from Line 36)</li> </ol>	14.94	627.04

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	Image: Check only one)       Image: Imag
Any information copied from such Reports and Sta or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manageme	ent Association Political Action	Committee (PCMA PAC)
Full Name of Individual (Last, First, Middle Initial Bradham, Jennifer, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	al) or Full Organization Name          State       Zip Code         DC       20004         C       Occupation (for Individual)         SR DIR       Aggregate Year-to-Date ▼         240.00       240.00	Date of Receipt 10 / 07 / 2022 Transaction ID : A2022-2643310 Amount of Each Receipt this Period 12.00 Memo Item
Full Name of Individual (Last, First, Middle Initial         B. Bradham, Jennifer, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	al) or Full Organization Name          State       Zip Code         DC       20004         C       Occupation (for Individual)         SR DIR       Aggregate Year-to-Date ▼	Date of Receipt
Full Name of Individual (Last, First, Middle Initial Bradham, Jennifer, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify)	al) or Full Organization Name          State       Zip Code         DC       20004         C       Occupation (for Individual)         SR DIR       Aggregate Year-to-Date ▼	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number o		36.00

FOR LINE NUMBER:

PAGE 7 OF

Iт.		Use separate schedule(s) for each category of the				(check only one)						
11	EMIZED RECEIPTS		for each cate Detailed Sun			<b>4</b> 11a 13		11b	11c	12		17
	y information copied from such Reports and St for commercial purposes, other than using the					for the		oose of	soliciting	g contrib		
	NAME OF COMMITTEE (In Full)											
$\rangle$	Pharmaceutical Care Managem	ent Asso	ciation Poli	tical Action	Cor	nmitte	ee	(PCM	A PA	C)		
А.	Full Name of Individual (Last, First, Middle Init Bradham, Jennifer, , ,	ial) or Full O	organization Nan	ne		Date of	f Re	ceipt				
	Mailing Address 325 7th St NW 9th Floor					M M	1	D D D 18	/ Y	ү ү 2022	Y	
	City Washington	State DC	Zip Code 20004		_			on ID : A		768987 nis Perio	d	
	FEC ID number of contributing federal political committee.	С						-		12	2.00	
	Name of Employer (for Individual)	Occ	upation (for Indi	vidual)		M	emo	Item				
	Pharmaceutical Care Management Associa	SR	DIR									
	Receipt For:	Aggregate	Year-to-Date V									
	Primary General	00 0		070.00	11.							
	Other (specify) <b>v</b>	L	-1F- 1 - 1F-	276.00								
Б	Full Name of Individual (Last, First, Middle Init	ial) or Full O	organization Nan	ne		Data						
D.	Buxton, Jonathan, , ,					Date of	Re	•				
	Mailing Address 325 7th Street NW, 9th Floor						/	03	/ ү	2022	Y	
	City	State DC	'				Transaction ID : A2022-2659618					
	Washington		20004		Amoun	tof	Each Re	eceipt tr	nis Perio	a	_	
	FEC ID number of contributing federal political committee.	С			500.00							
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Indi ector of State Aff			М	emo	Item				
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General				11.							
	Other (specify) <b>v</b>	L	<u> </u>	500.00								
C.	Full Name of Individual (Last, First, Middle Init Dube, Timothy, J, ,	ial) or Full O	organization Nan	ne		Date of	f Re	ceipt				
	Mailing Address 325 7th St NW 9th Floor					10 <sup>M</sup>	1	D D D 07	/ Y	2022	Y	
	City Washington	State DC	Zip Code 20004					-		2643318		
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#### SCHEDULE A (FEC Form 3X) . . . . .

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PAGE 8 OF

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
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or for	nformation copied from such Reports and Sta commercial purposes, other than using the ME OF COMMITTEE (In Full) charmaceutical Care Manageme	name and ac	ddress of any political committe	e to solicit	contri	ibutions	from suc	h committe	ions e.	
/ '	namaceutical Care Manageme			Comm	liee			0)		
	II Name of Individual (Last, First, Middle Initia Dube, Timothy, J, ,	al) or Full Or	rganization Name	Date	e of R	Receipt				
	ailing Address 325 7th St NW 9th Floor				0	/ D 1		y y 2022	Y	
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	Dube, Timothy, J, , ailing Address 325 7th St NW 9th Floor			M	Date of Receipt					
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PAGE 9 OF

IT.	EMIZED RECEIPTS	Use separate schedule(s) for each category of the			(check only one)							
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	NAME OF COMMITTEE (In Full) Pharmaceutical Care Managem	ent Asso	ciation I	Political Action	Com	nitte	e	(PCN	IA PA	C)		
A.	Full Name of Individual (Last, First, Middle Init Frost, Amanda, M, ,	tial) or Full O	rganization	Name	D	ate of	Re	ceipt				
	Mailing Address 325 7th St NW 9th Floor					<sup>M</sup> 10	1	D D 07	/ Y	ү ү 2022	Y	
	City Washington	State DC	Zip Co 2000						A2022-2 eceipt th	2643317 his Perio	d	
	FEC ID number of contributing federal political committee.	С							-7	50	.00	
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occu VP	upation (for	Individual)		M	emo	Item				
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в.	Full Name of Individual (Last, First, Middle Init Frost, Amanda, M, ,	tial) or Full O	rganization	Name	D	ate of	Re	ceipt				
	Mailing Address 325 7th St NW 9th Floor		10 21 / Y Y Y Y 2022									
	City Washington	State DC	Zip Co 2000			Transaction ID : A2022-2641721 Amount of Each Receipt this Period						
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	Name of Employer (for Individual) Pharmaceutical Care Management Associa	upation (for	Individual)	Memo Item								
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С.	Full Name of Individual (Last, First, Middle Init Frost, Amanda, M, ,	tial) or Full O	rganization	Name	D	ate of	Re	ceipt				
	Mailing Address 325 7th St NW 9th Floor							D D D 04	/ Y	y y 2022	Y	
	City Washington	State DC	Zip Co 20004							2 <b>711451</b> nis Perio	d	
	FEC ID number of contributing federal political committee.	С						y .	,		.00	
	Name of Employer (for Individual)Occupation (for Individual)Pharmaceutical Care Management AssociaVP					M	emo	ltem				
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## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

ITEMIZED RECEIPTS		Detailed Summary Page	<b>✗</b> 11a ☐ 11b ☐ 11c ☐ 12						
			13 14 15 16 17						
Any information copied from such Reports and sor for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)	_								
Pharmaceutical Care Manager	nent Asso	ciation Political Action	Committee (PCMA PAC)						
Full Name of Individual (Last, First, Middle In Frost, Amanda, M, ,	nitial) or Full C	organization Name	Date of Receipt						
Mailing Address 325 7th St NW 9th Floor			11 18 2022						
City	State DC	Zip Code	Transaction ID : A2022-2769001						
Washington		20004	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ VP	upation (for Individual)	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General	, iggi oguto		1						
Other (specify) ▼	L	760.00							
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Mailing Address 325 7th St NW 9th Floor	Aailing Address 325 7th St NW 9th Floor								
City	State	Zip Code	Transaction ID : A2022-2643316						
Washington	DC	20004	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual) MANAGER	Memo Item						
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Other (specify) ▼		600.00	1						
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Full Name of Individual (Last, First, Middle In Hallemeier, Samuel, , ,	intial) of Full C	rganization Name	Date of Receipt						
Mailing Address 325 7th St NW 9th Floor			10 D D / Y Y Y Y 2022						
City	State	Zip Code	Transaction ID : A2022-2641725						
Washington	DC	20004	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		30.00						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
Pharmaceutical Care Management Associa		MANAGER	-						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General			1						
Other (specify)		630.00							
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PAGE 11 OF

				lse separate schedule(s) or each category of the	(ch	neck on	ly o	ne)					
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	y information copied from such Reports and S for commercial purposes, other than using the					for the		pose o	f soliciting	contribut	tions		
$\setminus$	NAME OF COMMITTEE (In Full)												
	Pharmaceutical Care Managem	ent Asso	ocia	tion Political Action	Cor	nmitte	ee	(PCI		C)			
Α.	Full Name of Individual (Last, First, Middle Init Hallemeier, Samuel, , ,	ial) or Full O	rgan	ization Name		Date of Receipt							
	Mailing Address 325 7th St NW 9th Floor					M M / D D / Y Y Y Y 11 04 2022							
	City Washington	State DC		Zip Code 20004	_	Transaction ID : A2022-2711450 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C								30.0	00		
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		•	on (for Individual) IAGER		Μ	lem	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year	-to-Date ▼ 660.00									
R	Full Name of Individual (Last, First, Middle Init Hallemeier, Samuel, , ,	ial) or Full O	rgan	ization Name		Date o	f Re	eceint					
υ.	Mailing Address 325 7th St NW 9th Floor				11 Date 0		18		y y 2022	Y			
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	Primary     General       Other (specify) ▼		<u>,</u>	, 690.00									
с.	Full Name of Individual (Last, First, Middle Init Head, William, R, ,	ial) or Full O	rgan	ization Name		Date o	f Re	eceipt					
	Mailing Address 325 7th St NW 9th Floor	1				<sup>M</sup> 10	1	D 07		2022 Y	Y		
	City Washington	State DC		Zip Code 20004					: A2022-2 Receipt th				
	FEC ID number of contributing federal political committee.	С				<u> </u>		y	9	15.0	00		
	Name of Employer (for Individual) Pharmaceutical Care Management Associa						lem	o Item					
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11			for each category of the Detailed Summary Page	<b>X</b> 1	-	11b	11c	12	17		
	y information copied from such Reports and St for commercial purposes, other than using the			person for	the p	urpose	of soliciting	contribut	ions		
$\backslash$	NAME OF COMMITTEE (In Full)			0	•	(50		$\mathbf{O}$			
	Pharmaceutical Care Manageme	ent Asso	ciation Political Action	Comm	littee	e (PC	MA PA	C)			
A.	Full Name of Individual (Last, First, Middle Initi Head, William, R, ,	al) or Full O	rganization Name	Da	te of F	Receipt					
	Mailing Address 325 7th St NW 9th Floor				10 / Y Y Y Y 21 2022						
	City Washington	State DC	Zip Code 20004				Receipt th				
	FEC ID number of contributing federal political committee.	С				-	-	15.0	00		
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occu AVP	upation (for Individual)		Mer	no Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 315.00								
B	Full Name of Individual (Last, First, Middle Initi Head, William, R, ,	al) or Full O	rganization Name	Da	te of F	Receipt					
0.	Mailing Address 325 7th St NW 9th Floor			М	M M / D D / Y Y Y Y 11 04 2022						
	City	State DC	Zip Code				: A2022-2				
	Washington		20004	Am	ount d	of Each	Receipt th	is Period	_		
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С.	Full Name of Individual (Last, First, Middle Init McCarthy, Brian, , ,	tial) or Full C	Drga	nization Name		Date o	of Re	eceipt					
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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X       11a       11b       11c       12         13       14       15       16       17
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NAME OF COMMITTEE (In Full) Pharmaceutical Care Manageme	ent Asso	ciation Political Action	Committee (PCMA PAC)
Full Name of Individual (Last, First, Middle Initia         McCarthy, Brian, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	State DC C	rganization Name Zip Code 20004 upation (for Individual) cutive Year-to-Date ▼ 4230.60	Date of Receipt
Full Name of Individual (Last, First, Middle Initia         B.       McCarthy, Brian, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	State DC C Occu Exe	rganization Name Zip Code 20004 upation (for Individual) cutive Year-to-Date ▼ 4422.90	Date of Receipt
Full Name of Individual (Last, First, Middle Initia         C. Mitoko, Jill, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify)	State DC C Occu VP	rganization Name Zip Code 20004 upation (for Individual) Year-to-Date ▼ 210.00	Date of Receipt
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<u></u> с.	Full Name of Individual (Last, First, Middle Initi Murphy, Katherine, C, ,	al) or Full O	rgar	nization Name		Date c	of Re	eceipt					
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Any information copied from such Reports and Sta or for commercial purposes, other than using the	atements may name and add	not be sold or used by any per ress of any political committee	erson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manageme	ent Associ	ation Political Action	Committee (PCMA PAC)			
Full Name of Individual (Last, First, Middle Initial         Murphy, Katherine, C, ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	State DC	Zip Code 20004	Date of Receipt			
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FEC Schedule A (Form 3X) Rev. 06/2016

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Α.	Full Name of Individual (Last, First, Middle Init Rowley, Lauren, , ,	ial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 325 7th St NW 9th Floor			M M / D D / Y Y Y Y 11 18 2022						
	City Washington	State DC	Zip Code 20004	Transaction ID : A2022-2768992 Amount of Each Receipt this Period						
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B.	Full Name of Individual (Last, First, Middle Init Scott, Juan, C, , Mailing Address 325 7th St NW 9th Floor	ial) or Full O	rganization Name	Date of Receipt						
	City	State	Zip Code	10 07 2022 Transaction ID : A2022-2643322						
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	Mailing Address 325 7th St NW 9th Floor			10 / Y Y Y Y 2022						
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$\left[ \right]$	NAME OF COMMITTEE (In Full)										
	Pharmaceutical Care Managem	ent Asso	ciation Political Action	Committee (PCMA PAC)							
Α.	Full Name of Individual (Last, First, Middle Init Stephenson, Sean $G,,,$	tial) or Full C	rganization Name	Date of Receipt							
	Mailing Address 325 7th St NW			M M / D D / Y Y Y Y 11 04 2022							
	City	State	Zip Code	Transaction ID : A2022-2711448							
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в.	Mailing Address 325 7th St NW		Date of Receipt								
				11 18 2022							
	City	State	Zip Code	Transaction ID : A2022-2768993							
	Washington	DC	20004	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		20.00							
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual) ecutive	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General										
	Other (specify) <b>v</b>		, 240.00								
с.	Full Name of Individual (Last, First, Middle Ini	tial) or Full C	rganization Name	Date of Receipt							
	Mailing Address			M = M / D = D / Y = Y = Y = Y							
	City	State	Zip Code	Amount of Each Descint this Deviad							
	FEC ID number of contributing			Amount of Each Receipt this Period							
	federal political committee.	С									
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item							
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General										
	Other (specify)										
Γ				40.00							
S	UBTOTAL of Receipts This Page (optional)		••••••	40.00							
т	OTAL This Period (last page this line number	only)		4590.24							
	· · · =										

S	CHEDULE B (FEC Form 3X)			FC		INE NUMBER: PAGE 23 OF 24	
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			heck	only one)	
			Summary Page			21b         22         23         26         27           28a         28b         28c         29         30b	
	y information copied from such Reports and State for commercial purposes, other than using the nar						
$\backslash$	NAME OF COMMITTEE (In Full)						
	Pharmaceutical Care Managemen	t Associa	ation Political	AC	tior	Committee (PCMA PAC)	
Α.	Full Name (Last, First, Middle Initial) PayPal Inc.	Date of Disbursement					
	Mailing Address P.O. Box 7022	11 03 2022					
	5	State	Zip Code			FEC Identification Number	
	Mountain View Purpose of Disbursement	CA	94039				
	Credit Card Processing Fee		001	C Transaction ID : B836407			
	Candidate Name	Amount of Each Disbursement this Period					
	Office Sought: House Disburse	Туре					
	Senate Sought.	General			14.94		
	President X	District: Cther (specify) ▼ Not Applicable				Memo Item	
	State: District: Full Name (Last, First, Middle Initial)						
Β.		Date of Disbursement					
	Mailing Address						
	City	State	Zip Code			FEC Identification Number	
	Purpose of Disbursement					C	
	Candidate Name	ame				Amount of Each Disbursement this Period	
	Office Sought: House Disburse	ment For:		(1	ype		
	Senate President	Senate     Primary     General       President     Other (specify)					
_	State: District:		, y )			Memo Item	
<u>с</u> .	Full Name (Last, First, Middle Initial)	Date of Disbursement					
0.							
	Mailing Address						
	City	FEC Identification Number					
	Purpose of Disbursement	C					
	Candidate Name	/ Amount of Each Disbursement this Period					
	Office Sought: House Disburse						
	President						
	State: District:	Other (spec	<i>,</i> , <del>,</del>			Memo Item	
⊢	UBTOTAL of Disbursements This Page (optional)						

	CHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE (check only						
			category of the Summary Page	21b 28a	22         X         23         26         27           28b         28c         29         30b					
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or use ress of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) Pharmaceutical Care Management Association Political Action Committee (PCMA PAC)										
	Mailing Address PO Box 40323	11 04 2022								
	City	State DC	Zip Code		FEC Identification Number					
	Washington Purpose of Disbursement		20016		C C00459255					
	Contribution	Contribution 011								
	Candidate Name			Category/	Transaction ID : B836418 Amount of Each Disbursement this Period					
	Young, Todd, , , Office Sought: House Disburse	ement For:	2022	Туре	2900.00					
	× Senate	Primary	General							
	State: IN District:	Other (spe	cify) ▼		Memo Item					
	Full Name (Last, First, Middle Initial)									
В.	Kustoff for Congress	Date of Disbursement								
	Mailing Address 410 1st Street SE 2nd Floor	11 04 Y Y Y Y Y 2022								
	City	State DC	Zip Code 20003		FEC Identification Number					
	Washington Purpose of Disbursement		C C00614826							
	Contribution	Transaction ID : B836419								
	Candidate Name		Category/	Amount of Each Disbursement this Period						
		ustoff, David, , ,     Type       ce Sought:     x       House     Disbursement For: 2022								
	Senate	Primary								
	State: TN District: 08	Other (spe	cify)		Memo Item					
	Full Name (Last, First, Middle Initial)	Date of Disbursement								
0.	Oorah! PAC									
	Mailing Address PO Box 40323	11 04 2022								
	City Washington	State DC	Zip Code 20016		FEC Identification Number					
	Purpose of Disbursement Contribution	C C00551853								
	Candidate Name	Transaction ID : B836417 Amount of Each Disbursement this Period								
	Office Sought: House Disburse	Туре	2100.00							
	Senate President		8							
	State: District:	Other (spe	Not Applicable		Memo Item					
S	UBTOTAL of Disbursements This Page (optional).			••••••	6000.00					
Т	OTAL This Period (last page this line number only	/)		••••••	6000.00					