Image# 12961317584 PAGE 1 / 18

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	Totalor Tricali 7	All Authorized				Office Use Only	
1. NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼		ample: If typir or the lines.	ng, type	12FE4M5		
PHARMACEUTICAL CARE	MANAGEMEN	T ASSOCIAT	ION POLIT	ICAL ACT	ION COMM	ITTEE (PCM	A PAC)
ADDRESS (number and street)	601 PENNSYLVAN	IIA AVENUE NW	STE 740				
Check if different							
than previously reported. (ACC)	WASHINGTON				DC	20004	
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦			STATE A	ZIP C	ODE 🛦
C C00388819		3. IS THIS REPORT		NEW OR	× AN (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	L	Mar 20 (M3)		Jun 20 (M6) Jul 20 (M7)	Η.	20 (M9) 20 (M10)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	(c) 12-Day	Apr 20 (M4)	Primary (12P		General		Jan 31 (YE) Runoff (12R)
X July 15 Quarterly Report (Q2)	PRF-Fle		Convention (Special (ridiioii (1211)
October 15 Quarterly Report (Q3)						,	
January 31 Year-End Report (YE)		Election on	M M /	D D /	Y	in the State	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-El		General (300	à)	Runoff (3	90R)	Special (30S)
Termination Report (TER)		Election on	M = M /	D D /	Y = Y = Y = Y	in the State	
5. Covering Period 04	/ DID / Y	2012	through	M M M 06	30 /	2012	
I certify that I have examined this		best of my kno	wledge and b	pelief it is tru	e, correct and	d complete.	
Type or Print Name of Treasurer	Jonathan Heafitz						
Signature of Treasurer	ın Heafitz		[Electronically	Filed] D	ate 12	03	2012
NOTE: Submission of false, erroneo	us, or incomplete in	formation may su	ubject the pers	son signing th	is Report to th	ne penalties of 2	U.S.C. §437g.
Office Use Only						FEC FO Rev. 12	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1, 2012		30128.21
(t	Cash on Hand at Beginning of Reporting Period	30628.21	
(0	Total Receipts (from Line 19)	25170.00	40170.00
(0	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55798.21	70298.21
To	otal Disbursements (from Line 31)	24750.00	39250.00
R	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	31048.21	31048.21
th	ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)	0.00	
th	ebts and Obligations Owed BY e 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. 06/2004)

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

I. Receipts	COLUMN A	COLUMN B Calendar Year-to-Date
<u> </u>	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	4780.00	9780.00
(i) iterrized (use Schedule A)		
(ii) Unitemized	390.00	390.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	5170.00	10170.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees(c) Other Political Committees		
(such as PACs)	20000.00	30000.00
(d) Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	25170.00	40170.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
. All Loans Received	0.00	0.00
The state of the s		
. 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	3.00	
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	3.100	
(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
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	25170.00	40170.00
. Total Federal Receipts		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disburse		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures (a) Allocated Federal/N Activity (from Sche 	Non-Federal	12 1	Calonial Tour to Date
• (0.00	0.00
()		0.00	
* *	Share	0.00	0.00
(b) Other Federal Ope Expenditures	-	0.00	0.00
(c) Total Operating Ex		0.00	3.00
· · · · · · · · · · · · · · · · · · ·	, and (b))▶	0.00	0.00
Transfers to Affiliated/O	ther Party		
Committees Contributions to		0.00	0.00
Federal Candidates/Cor and Other Political Com	nmittees	24750.00	39250.00
Independent Expenditur		0.00	0.00
(use Schedule E) Coordinated Party Expe	enditures	3.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)		0.00	0.00
Loan Repayments Mad	e	0.00	0.00
Loans Made		0.00	0.00
Refunds of Contribution (a) Individuals/Persons			
Than Political Com		0.00	0.00
(b) Political Party Com	mittees	0.00	0.00
(c) Other Political Con			0.00
(such as PACs)		0.00	0.00
(d) Total Contribution I	Refunds		
(add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	F	0.00	0.00
Other Dispuisements		0.00	0.00
Federal Election Activity (a) Allocated Federal E			
(from Schedule H6	•		
(i) Federal Share		0.00	0.00
	_		0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Ad With Federal F	ctivity Paid Entirely Funds	0.00	0.00
(c) Total Federal Elect	ion Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (ad			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	24750.00	39250.00
Total Federal Disbursen			
(subtract Line 21(a)(ii) a		24750.00	39250.00
from Line 31)	······	24730.00	33230.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	25170.00	40170.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25170.00	40170.00	
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	
3. 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

-	NUMBER	: PAGI	E 6 OF	18		
(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 MANA	AGEMENT ASSOCIATION POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) Kristin Bass		Date of Receipt
Mailing Address 812 N. Jackson Street		05 24 2012
City	State Zip Code	Transaction ID : SA11AI.4922
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	2500.00
Name of Employer	Occupation	
PCMA	SVP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) 3. Tim Brogan		Date of Receipt
Mailing Address 2301 Columbia Pike		05 24 2012
City	State Zip Code	Transaction ID : SA11AI.4933
Arlington	VA 22204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	520.00
Name of Employer	Occupation	
PCMA	AVP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real-to-bate •	
Other (specify) ▼	520.00	
Full Name (Last, First, Middle Initial) Barbara Levy		Date of Receipt
Mailing Address 522 N.Alfred Street		05 24 2012
City	State Zip Code	Transaction ID : SA11AI.4929
Alexandria	VA 22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	260.00
Name of Employer	Occupation	
PCMA	Assist VP State Affairs and GC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate Teal to Date ▼	
Other (specify) ▼	260.00	
SUBTOTAL of Receipts This Page (optional).		3280.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

TOTAL HOMBETT			PAGE	:	7	OF	18				
	(0	che	ck only	or	ne)						
		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.

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAG	EMENT ASSOCIATION POLITICAL AG	CTION COMMITTEE (PCMA PAC)
١.	Full Name (Last, First, Middle Initial) Jerome Steffl	Date of Receipt	
	Mailing Address 1401 N. Oak Street, #990		05 24 2012 The state of the sta
	City	State Zip Code	Transaction ID : SA11AI.4937
	Arlington	VA 22209	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1500.00
	Name of Employer	Occupation	
	PCMA	VP	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
3.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address	M M / D D / Y Y Y Y Y	
	City	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Occupation	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
).	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	Through the Folia
	Name of Employer Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)		1500.00
		<u></u>	4780.00
Т	OTAL This Period (last page this line number of	only)	4700.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Use separate schedule(s) for each category of the Detailed Summary Page 111a 11b 11c 12 16 16 16 16 16 16 16	mage# 12301317331						
Detailed Summary Page 13	SCHEDULE A (FEC Form 3X)		(check only one)				
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. AETNA INC. POLITICAL ACTION COMMITTEE Mailing Address 20 F STREET, N.W. SUITE 350 City Suite 350 City WaSHINGTON DC 20001 FEC ID number of contributing federal political committee. Name of Employer Cocupation Full Name (Last, First, Middle Initial) 3. CVS/CAREMARK CORPORATION EMPLOYEES PAC Mailing Address 1300 EYE STREET, NW SUITE 525W City State Zip Code WASHINGTON DC 20005 FEC ID number of contributing federal political committee. C C00384818 South State Sign Code DC 20005 FEC ID number of contributing federal political committee. C C00384818 South State Sign Code DC 20005 FEC ID number of contributing federal political committee. C C00384818 South State Sign Code DC 20005 FEC ID number of contributing federal political committee. C C00384818 South State Sign Code DC 20005 FEC ID number of contributing federal political committee. C C00384818 South State Sign Code DC 20005 FEC ID number of contributing federal political committee. C C00384818	TEMIZED REGEN 13						
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC Full Name (Last, First, Middle Initial) A. AETNA INC. POLITICAL ACTION COMMITTEE Mailing Address 20 F STREET, N.W. SUITE 350 City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Primary Other (specify) ▼ City Mailing Address 1300 EYE STREET, NW SUITE 525W City State Zip Code Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) B. CVS/CAREMARK CORPORATION EMPLOYEES PAC Mailing Address 1300 EYE STREET, NW SUITE 525W City State Zip Code Ball Name (Last, First, Middle Initial) C C00384818 C C00384818 S000.00 Date of Receipt Transaction ID: SA11C.4913 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation			erson for the purpose of soliciting contributions				
A. AETNA INC. POLITICAL ACTION COMMITTEE Mailing Address 20 F STREET, N.W. SUITE 350 City WASHINGTON DC 20001 FEC ID number of contributing federal political committee. Name of Employer Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) CVS/CAREMARK CORPORATION EMPLOYEES PAC Mailing Address 1300 EYE STREET, N.W. SUITE 525W City WASHINGTON FEC ID number of contributing federal political committee. C C00384818 Name of Employer C C00384818 Date of Receipt M M M / D D D / 2012 Transaction ID: SA11C.4918 Amount of Each Receipt this Period Date of Receipt M M M / D D D / 2012 Transaction ID: SA11C.4918 Amount of Each Receipt this Period Date of Receipt M M M / D D D / 2012 Transaction ID: SA11C.4913 Amount of Each Receipt this Period Date of Receipt M M M D D D / 2012 Transaction ID: SA11C.4913 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation		ENT ASSOCIATION POLITICAL	ACTION COMMITTEE (PCMA PAC)				
City State Zip Code DC 20001 FEC ID number of contributing federal political committee. Name of Employer Cocupation Full Name (Last, First, Middle Initial) CVS/CAREMARK CORPORATION EMPLOYEES PAC Mailing Address 1300 EYE STREET, NW SUITE 525W City State Zip Code DC 20005 FEC ID number of contributing federal political committee. C C00181826 Aggregate Year-to-Date ▼ Date of Receipt Date of Receipt Transaction ID: SA11C.4918 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11C.4918 Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11C.4913 Amount of Each Receipt this Period C C00384818 Name of Employer Occupation		 ITTEE	Date of Receipt				
WASHINGTON DC 20001 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Occupation Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) CVS/CAREMARK CORPORATION EMPLOYEES PAC Mailing Address 1300 EYE STREET, NW SUITE 525W City State Zip Code WASHINGTON DC 20005 FEC ID number of contributing federal political committee. Name of Employer Occupation Amount of Each Receipt this Period Date of Receipt Transaction ID: SA11C.4913 Amount of Each Receipt this Period C C00384818 S000.00	SUITE 350						
FEC ID number of contributing federal political committee. Name of Employer Docupation		•					
Receipt For: Primary General Other (specify) ▼ Soud of the primary General General Soud of the primary General General General General General General General General	FEC ID number of contributing	C00181826					
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) S. CVS/CAREMARK CORPORATION EMPLOYEES PAC Mailing Address 1300 EYE STREET, NW SUITE 525W City State Zip Code WASHINGTON DC 20005 FEC ID number of contributing federal political committee. Name of Employer Primary S000.00 Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Name of Employer O	cupation	_				
Mailing Address 1300 EYE STREET, NW SUITE 525W City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Date of Receipt Date of Receipt Date of Receipt Transaction ID: SA11C.4913 Amount of Each Receipt this Period C C00384818 S000.00	Primary General						
City State Zip Code Transaction ID : SA11C.4913 WASHINGTON DC 20005 FEC ID number of contributing federal political committee. C C00384818 C C00284818 DC C00384818	3. CVS/CAREMARK CORPORATION EN Mailing Address 1300 EYE STREET, NW	PLOYEES PAC	M = M / D = D / Y = Y = Y				
FEC ID number of contributing federal political committee. C C00384818 5000.00 Receipt For:	City		Transaction ID : SA11C.4913				
Receipt For:	FEC ID number of contributing	10000					
Receipt For: Aggregate Year-to-Date ▼	Name of Employer O	cupation					
Primary General Other (specify) ▼ 5000.00	Primary General						
Full Name (Last, First, Middle Initial) C. UNITED HEALTH PAC Date of Receipt			Date of Receipt				
Mailing Address 6214 WEDGEWOOD ROAD M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Mailing Address 6214 WEDGEWOOD ROAD						
City State Zip Code Transaction ID : SA11C.4911 BETHESDA MD 20817 Amount of Each Receipt this Period	· ·	'	Transaction ID : SA11C.4911				
FEC ID number of contributing	ŭ	C00321844	5000.00				
Name of Employer Occupation	Name of Employer O	cupation					
Receipt For: Primary Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	Primary General						

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

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

15000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOF	RLINE	NU	MBEF	₹:	PAGE	9	OF	18
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page		11a		11b	X	11c	12	2	
		13		14		15	1	6	17
not be sold or used by any person for the purpose of soliciting contributions									

	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANA	GEMENT ASSOCIATION POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) WELLPOINT, INC. WELLPAC Mailing Address 120 MONUMENT CIRCLE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code IN 46204 C C00197228 Occupation Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 04 25 2012 Transaction ID: SA11C.4905 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) WELLPOINT, INC. WELLPAC Mailing Address 120 MONUMENT CIRCLE City INDIANAPOLIS FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary Other (specify) General Other (specify)	State Zip Code IN 46204 C C00197228 Occupation Aggregate Year-to-Date ▼ 2500.00	Date of Receipt 06 12 2012 Transaction ID : SA11C.4907 Amount of Each Receipt this Period 2500.00
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	>	5000.00
TOTAL This Period (last page this line number	r only)	20000.00

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 10 OF 18
IT	EMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check only	one)
			Summary Page	21b	22 🗙 23 24 25 26
·				27	28a 28b 28c 29 30
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam				
	NAME OF COMMITTEE (In Full)				
$ \rangle$	PHARMACEUTICAL CARE MANAGEM	ENT AS	SOCIATION F	OLITICAL A	CTION COMMITTEE (PCMA PAC)
\angle	Full Name /Look First Middle Initial			1	
Δ	Full Name (Last, First, Middle Initial)	CDEC	c		Date of Disbursement
٠٦.	ALLYSON SCHWARTZ FOR CON	GKE2	ی		M M / D D / Y Y Y Y
	Mailing Address P.O. Box 2232				06 27 2012
	,	State	Zip Code		Transaction ID : SB23.4890
	Jenkintown Purpose of Disbursement	PA	19046		
	rulpose of Dispulsement				Amount of Each Disbursement this Period
	Candidate Name			Catagory	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	ALLYSON Y SCHWARTZ			Category/ Type	1000.00
	Office Sought:	nent For:	2012		
	Senate	Primary	X General		
	President	Other (spe	ecify) 🔻		
_	State: PA District: 13				
D	Full Name (Last, First, Middle Initial)				Date of Disbursement
υ.	ANDREWS FOR CONGRESS				
	Mailing Address 215 FOURTH AVENUE				05 31 2012
	a g as as Elor Coltination				
	•	State	Zip Code		Transaction ID : SB23.4848
	Purpose of Disbursement	NJ	07076		
	rulpose of Dispulsement				Amount of Each Disbursement this Period
	Candidate Name			Cotogogy	, o
	ROBERT E. MR. ANDREWS			Category/ Type	500.00
	Office Sought: House Disbursen		2012		
		Primary	General		
		Other (spe	ecify) 🔻		
_	State: NJ District: 01				
_	Full Name (Last, First, Middle Initial)	CDEC	2		Date of Disbursement
Ο.	ANN MARIE BUERKLE FOR CON	GKES	5		M M / D D / Y Y Y Y
	Mailing Address PO BOX 219				05 09 2012
	•	State	Zip Code		Transaction ID : SB23.4808
	SYRACUSE Purpose of Disbursement	NY	13214		
	Turpose of Biobarosmone				Amount of Each Disbursement this Period
	Candidate Name			Category/	Amount of Each disbursement this Fellou
	ANN MARIE BUERKLE			Type	250.00
	Office Sought: House Disbursen	nent For:	2012		,
	Senate	Primary	General		
	President	Other (spe	ecify) 🔻		
_	State: NY District: 25				
١,	HIDTOTAL of Diobustoments This Days (and a				1750.00
Ľ	SUBTOTAL of Disbursements This Page (optional)			······	
۱,	OTAL This Period (last page this line number only)				

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 11 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)	ic and address of any pointer	ar committee to	Solicit contributions from Such committee.
PHARMACEUTICAL CARE MANAGEM	ENT ASSOCIATION D		CTION COMMITTEE (DOMA DAC)
/ PHARIMACEUTICAL CARE MANAGEM	ENT ASSOCIATION FO	OLITICAL A	CHON COMMITTEE (FCMA PAC)
Full Name (Last, First, Middle Initial)			
A. BERG FOR SENATE			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 9394			06 28 2012
City	State Zip Code		
-	ND 58106		Transaction ID : SB23.4899
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	4500.00
RICHARD A BERG		Type	1500.00
Office Sought: House Disbursen	nent For: 2012		
	Primary		
President	Other (specify) ▼		
State: ND District: 00			
Full Name (Last, First, Middle Initial)			
BOB CASEY FOR SENATE INC			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 30 SOUTH 15TH STREET SUITE	400		06 07 2012
,	State Zip Code		Transaction ID : SB23.4878
PHILADELPHIA	PA 19102		114110404101112 1 022011010
Purpose of Disbursement			Assessed of Foods Biologopassand this Bosind
Candidate Name			Amount of Each Disbursement this Period
		Category/	500.00
ROBERT P JR CASEY		Туре	
	nent For: 2012		
	Primary General		
State: PA District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
BRADY FOR CONGRESS			Date of Disbursement
Broker Fork Golffelde			M M / D D / Y Y Y Y
Mailing Address 2203 EASTLAND DRIVE			05 16 2012
C:h.	7:- O-d-		
City S BLOOMINGTON	State Zip Code IN 61704		Transaction ID : SB23.4834
Purpose of Disbursement	01704		
·			Amount of Each Disbursement this Period
Candidate Name		Cotogony	Amount of Each Dispulsement this Penou
		Category/ Type	1000.00
Office Sought: House Disbursen	nent For: 2012	71: -	7 7
	Primary General		
	Other (specify) ▼		
State: District:	• • • • • • • • • • • • • • • • • • • •		
SUBTOTAL of Disbursements This Page (optional)			3000.00
			, , , ,
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)	lles services i	adula(a)	FOR LINE I		PAGE 12 OF 18
ITEMIZED DISBURSEMENTS	Use separate sche for each category Detailed Summary	of the	(check only 21b 27	one) 22 X 23 28a 28	
Any information copied from such Reports and St or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAG					
Full Name (Last, First, Middle Initial)				D-1	
A. BRIAN BILBRAY FOR CONGRI	ESS			Date of Disbu	
Mailing Address 970 SEACOAST DRIVE # 7				06	07 2012
City	State Zip Coo			Transaction	ID : SB23.4866
IMPERIAL BEACH Purpose of Disbursement	CA 91932				
				Amount of Ea	ach Disbursement this Period
Candidate Name			Category/		1000.00
BRIAN PHILLIP BILBRAY	WOODS OF THE		Type		1000.00
Senate President	Primary Ge Other (specify)	eneral			
State: CA District: 52					
Full Name (Last, First, Middle Initial)				D-4- /	roomer ¹
B. CASTRO FOR CONGRESS				Date of Disbu	
Mailing Address PO BOX 544				M - M / D	16 2012
City SAN ANTONIO	State Zip Coo TX 78292			Transaction	ID : SB23.4828
Purpose of Disbursement	. 0202			A	als Dist
Candidate Name				Amount of Ea	ch Disbursement this Period
Candidate Name JOAQUIN MR. CASTRO		C	Category/		1000.00
	rsement For: 2012		Туре	7	
Senate Disbu		eneral			
President	Other (specify)				
State: TX District: 20					
Full Name (Last, First, Middle Initial)				Dot-	reamont
C. DIANE BLACK FOR CONGRES	55			Date of Disbu	
Mailing Address PO BOX 1437				05	09 2012
City	State Zip Coo			Transaction	ID : SB23.4822
GALLATIN Purpose of Disbursement	TN 37066				
FILL OF DISSERVOINGIN				Amount of E	ch Disbursement this Period
Candidate Name			Category/	amount of Ea	
DIANE L MRS. BLACK			Type		1000.00
Senate President	rsement For: 2012 Primary Ge Other (specify)	eneral			
State: TN District: 06					
SUBTOTAL of Disbursements This Page (options	al)	_ 			3000.00
TOTAL This Period (last page this line number of	only).				
I CIAL THIS I CHOW (last page this line number to	/i ii y /				

SCHEDULE B (FEC Form 3X)	Har same to the state	FOR LINE	NUMBER: PAGE 13 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	Oncok only	one) 22 X 23 24 25 26 28a 28b 28c 29 36
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM			
Full Name (Last, First, Middle Initial)			
A. GRAVES FOR CONGRESS Mailing Address 2345 GRAND, SUITE 2400			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City KANSAS CITY	State Zip Code MO 64108		Transaction ID : SB23.4852
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name SAMUEL B 'SAM' GRAVES		Category/ Type	500.00
Office Sought: House Disburser	ment For: 2012 Primary ☐ General Other (specify) ▼	, ,,	
Full Name (Last, First, Middle Initial) B. HATCH ELECTION COMMITTEE	INC		Date of Disbursement
Mailing Address PO BOX 900427			05 24 2012
SANDY	State Zip Code UT 84090		Transaction ID : SB23.4836
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name ORRIN G HATCH		Category/	1000.00
	ment For: 2012 Primary ☐ General Other (specify) ▼	Туре	
Full Name (Last, First, Middle Initial) C. HOOSIERS FOR ROKITA, INC.			Date of Disbursement
Mailing Address 7643 EAST U.S. 36			05 31 2012
City AVON Purpose of Disbursement	State Zip Code IN 46123		Transaction ID : SB23.4845
		Category/	Amount of Each Disbursement this Period 1500.00
Candidate Name		LVDO	. 222.00
THEODORE EDWARD ROKITA	ment For: 2012 Primary	Туре	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
[1	27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
$ \; angle$ PHARMACEUTICAL CARE MANAGEN	MENT ASSOCIATION P	OLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial)		T	
A. HUDSON FOR CONGRESS			Date of Disbursement
HODGON FOR CONGILEGO			M M / D D / Y Y Y Y
Mailing Address PO BOX 5053			04 24 2012
City	State Zip Code		Transaction ID : SB23.4802
CONCORD Purpose of Disbursement	NC 28027		
ruipose oi bisbuisement			Amount of Each Disbursement this Period
Candidate Name		0-11-11-1	or Each Biodifform this i chou
RICHARD LANE JR HUDSON		Category/ Type	1000.00
	ment For: 2012	71 -	,
Senate	Primary General		
President	Other (specify) ▼		
State: NC District: 08			
Full Name (Last, First, Middle Initial)	100500		Data of Disham
B. MARSHA BLACKBURN FOR CO	NGRESS, INC.		Date of Disbursement
Mailing Address PO BOX 3750			06 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address FO ROX 3/50			00 21 2012
City	State Zip Code		Transaction ID : SB23.4896
BRENTWOOD	TN 37024		11a113aCtiOi1 ID . 3D23.4030
Purpose of Disbursement]	Amount of Fook Dishursens at this Built
Candidate Name			Amount of Each Disbursement this Period
MARSHA MRS. BLACKBURN		Category/ Type	250.00
	ment For: 2012	Type	
Senate	Primary General		
President	Other (specify) ▼		
State: TN District: 07			
Full Name (Last, First, Middle Initial)			
C. MCCASKILL FOR MISSOURI 201	2		Date of Disbursement
Matter Addison Transfer			M M / D D / Y Y Y Y
Mailing Address 700 13TH STREET NW SUITE 600			06 27 2012
City	State Zip Code		
WASHINGTON	DC 20005		Transaction ID: SB23.4893
Purpose of Disbursement			
			Amount of Each Disbursement this Period
CLAIDE MCCASKILL		Category/	1000.00
CLAIRE MCCASKILL	mont For: 0040	Туре	1000.00
Office Sought: House Disburse	ment For: 2012 Primary General		
President	Other (specify)		
State: MO District: 00	(op-on-j) •		
SUBTOTAL of Disbursements This Page (optional).			2250.00
			7

SCHEDULE B (FEC Form 3X)	1	FOR LINE I	NUMBER: PAGE 15 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and State or for commercial purposes, other than using the nat			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEN	IENT ASSOCIATION PO	OLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) A. MIKE MCINTYRE FOR CONGRE	SS.		Date of Disbursement
Mailing Address P.O. BOX 1			06 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LUMBERTON	State Zip Code NC 28359		Transaction ID : SB23.4881
Purpose of Disbursement	28339		Amount of Each Disbursement this Period
Candidate Name MIKE REP. MCINTYRE		Category/ Type	1000.00
Senate President	ment For: 2012 Primary		
State: NC District: 07 Full Name (Last, First, Middle Initial) 3. MIKE THOMPSON FOR CONGRI Mailing Address 5429 MADISON AVENUE	ESS		Date of Disbursement M
City SACRAMENTO	State Zip Code CA 95841		Transaction ID : SB23.4860
Purpose of Disbursement Candidate Name			Amount of Each Disbursement this Period
MIKE MR. THOMPSON		Category/ Type	1000.00
	ment For: 2012 Primary General Other (specify)		
Full Name (Last, First, Middle Initial) MONTANANS FOR TESTER			Date of Disbursement
Mailing Address PO BOX 3171			05 04 2012
Mailing Address PO BOX 3171			
City	State Zip Code MT 59103		Transaction ID : SB23.4813
City		Catagory	Transaction ID : SB23.4813 Amount of Each Disbursement this Period
City BILLINGS Purpose of Disbursement Candidate Name JON TESTER		Category/ Type	

SCHEDULE B (FEC Form 3X)	Illes services 1 1 1 1	(a) FOR LINE	NUMBER: PAGE 16 OF 18
ITEMIZED DISBURSEMENTS	Use separate scheduler for each category of the Detailed Summary Pag	e Collective	one) 22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEN	IENT ASSOCIATION	I POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial)			
A. PALLONE FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 3176			06 04 2012
City LONG BRANCH	State Zip Code NJ 07740		Transaction ID : SB23.4863
Purpose of Disbursement		· · · ·	Amount of Each Disbursement this Period
Candidate Name FRANK JR. PALLONE		Category/ Type	2500.00
Office Sought: House Disburse Senate President	ment For: 2012 Primary ∑ General Other (specify) ▼	ı	
State: NJ District: 06 Full Name (Last, First, Middle Initial)			
B. STIVERS FOR CONGRESS			Date of Disbursement
Mailing Address 4679 WINTERSET DRIVE			06 07 2012
City COLUMBUS	State Zip Code OH 43220		Transaction ID : SB23.4874
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name STEVE MR. STIVERS		Category/ Type	500.00
Office Sought: House Disburse	ment For: 2012 Primary	I	
Full Name (Last, First, Middle Initial) C. STRICKLAND FOR CONGRESS	2012		Date of Disbursement
Mailing Address 603 E ALTON AVE STE H			05 31 2012
City SANTA ANA	State Zip Code CA 92705		
City		Cottone	05 31 2012
City SANTA ANA Purpose of Disbursement Candidate Name ANTHONY A STRICKLAND	CA 92705	Category/ Type	05 31 2012 Transaction ID : SB23.4855
City SANTA ANA Purpose of Disbursement Candidate Name ANTHONY A STRICKLAND		Туре	Transaction ID : SB23.4855 Amount of Each Disbursement this Period
City SANTA ANA Purpose of Disbursement Candidate Name ANTHONY A STRICKLAND Office Sought: House Senate President Disburse	ment For: 2012 Primary General Other (specify)	Type I	Transaction ID : SB23.4855 Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X)	Han annual of 12.43	FOR LINE	NUMBER: PAGE	17 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 27		25 <u>26</u> 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	•			
Full Name (Last, First, Middle Initial)		-	D ((D))	
A. TENN POLITICAL ACTION COMM Mailing Address 228 S WASHINGTON STREET SU	<u> </u>	PAC)		012
			النا لننا لث	
City S ALEXANDRIA Purpose of Disbursement	State Zip Code VA 22314		Transaction ID : SB23.4887	
·			Amount of Each Disbursement	this Period
Candidate Name LAMAR ALEXANDER		Category/ Type		1000.00
Senate President	nent For: 2012 Primary General Other (specify)			
State: TN District: 00				
Full Name (Last, First, Middle Initial) B. TIBERI FOR CONGRESS			Date of Disbursement	
Mailing Address 2931 E DUBLIN GRANVILLE ROA SUITE 190	AD.			012
COLUMBUS	State Zip Code OH 43231		Transaction ID : SB23.4884	
Purpose of Disbursement		· · · ·	Amount of Each Disbursement	this Period
Candidate Name PATRICK J. TIBERI		Category/ Type		500.00
Office Sought: House Senate President Disbursen	nent For: 2012 Primary	1,100	7	
State: OH District: 12 Full Name (Last, First, Middle Initial)				
C. TISEI CONGRESSIONAL COMMI	TTEE		Date of Disbursement	YYY
Mailing Address 932 LYNNFIELD STREET				012
,	State Zip Code MA 01940		Transaction ID : SB23.4839	
Candidate Name		Cotorous	Amount of Each Disbursement	this Period
RICHARD R. TISEI		Category/ Type		1000.00
	nent For: 2012 Primary General Other (specify)			
				2500.00
SUBTOTAL of Disbursements This Page (optional)		······		∠500.00
TOTAL This Period (last page this line number only)				1 0 1

TEMIZED DISBURSEMENTS	1	. , , , I FOI	R LINE NUM	MBER: PAGE 18 OF 18
	Use separate scho for each category Detailed Summary	edule(s) (che	eck only one 21b 27	
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	IENT ASSOCIAT	ION POLITION	CAL ACT	ION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial)				
TOM REED FOR CONGRESS				Date of Disbursement
Mailing Address PO BOX 450			l.	05 09 2012
City VICTOR	State Zip Coo NY 14564	de		Transaction ID : SB23.4825
Purpose of Disbursement	141 14304			
Candidate Name		[:	A	Amount of Each Disbursement this Period
THOMAS W II REED		Categ Typ		1000.00
Senate President	ment For: 2012 Primary Ge Other (specify)	eneral		
State: NY District: 23 Full Name (Last, First, Middle Initial)				
3. TREY GOWDY FOR CONGRESS	}		-	Date of Disbursement
Mailing Address PO BOX 3324				06 29 2012
SPARTANBURG	State Zip Coo SC 29304	de		Transaction ID : SB23.4902
Purpose of Disbursement			A	Amount of Each Disbursement this Period
Candidate Name TREY GOWDY		Categ		750.00
Office Sought: House Disbursel Senate President	ment For: 2012 Primary Ge Other (specify)	eneral		
Office Sought: House Disburse	Primary G	eneral		Date of Disbursement
Office Sought: House Disburse	Primary G	eneral		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Office Sought: House Senate President State: SC District: 04 Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661	Primary		. [05
Office Sought: House Senate President State: SC District: 04 Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE	Primary G		[M M M / D D / Y Y Y Y
Office Sought: House Senate President State: SC District: 04 Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City	Primary		- [05
Office Sought: House Senate President State: SC District: 04 Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE Purpose of Disbursement Candidate Name	Primary	de	gory/	Transaction ID : SB23.4831 Amount of Each Disbursement this Period
Office Sought: House Senate President State: SC District: 04 Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE Purpose of Disbursement Candidate Name JOHN M SHIMKUS	Primary	de	gory/	05 17 2012 Transaction ID : SB23.4831
Office Sought: House Senate President State: SC District: 04 Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE Purpose of Disbursement Candidate Name JOHN M SHIMKUS Office Sought: House Senate Disburse	Primary	de Categ Typ	gory/	Transaction ID : SB23.4831 Amount of Each Disbursement this Period
Office Sought: House Senate President State: SC District: 04 Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS Mailing Address PO BOX 661 City COLLINSVILLE Purpose of Disbursement Candidate Name JOHN M SHIMKUS Office Sought: House Senate President Disburse	Primary	de Categ Tyr	gory/ pe	Transaction ID : SB23.4831 Amount of Each Disbursement this Period