Image# 11952532607 PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION NUMBER ▼ C C00388819
ADDRESS (number and street) Check if different than previously reported. (ACC) WASHINGTON C C00388819 AMENDED (A) May 20 (M5) Aug 20 (M8) Nov 20 (Non-election Year Christ) Dec 20 (M9) Dec 20 (M9) Dec 20 (M9) Dec 20 (M10) Dec 20 (M10) July 15 Quarterly Report (Q1) April 15 Quarterly Report (Q2) C October 15 Quarterly Report (Q3) April 15 Quarterly Report (Q3) Election on Belection on Convention (12C) April 16 Convention (12C) April 16 Convention (12C) Convention (12
ADDRESS (number and street) Check if different than previously reported. (ACC) PEC IDENTIFICATION NUMBER V CITY A STATE A ZIP CODE A C C00388819 3. IS THIS REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Rep
ADDRESS (number and street) Check if different than previously reported. (ACC) WASHINGTON C C00388819 C C C
ADDRESS (number and street) Check if different than previously reported. (ACC) WASHINGTON CITY A STATE A ZIP CODE A C C00388819 3. IS THIS REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (YE) July 31 Mid-Year Report (Non-election Report (Non-electi
than previously reported. (ACC) WASHINGTON REPORT C C00388819 C C C C00488 C C C C00488 C C C C C C C C C C C C C C C C C C
Teported. (ACC) 2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲ C C00388819 3. IS THIS REPORT X (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Report (
3. IS THIS REPORT X (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Report (Non-electio
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election REPORT (N) OR (A) May 20 (M5) Aug 20 (M8) Nov 20 ((Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 ((Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (Non-Election Report (12P) General (12G) Runoff (12 Special (12S) Election on Special (12S) (d) 30-Day REPORT (N) OR (A) Aug 20 (M8) Nov 20 ((Non-Election Year Only) Per 20 (M9) Dec 20 (M10) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (Non-Election Report (Non-Election On Special (12S)
(Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Report (Non-Ele
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M9) Dec 20 (M9) Dec 20 (M9) April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M9) Dec 20 (M9) Primary (12P) General (12G) Runoff (12 Convention (12C) Special (12S) Election on Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 2
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12 Convention (12C) Special (12S) Election on Election on April 15 Quarterly Report (Q2) Runoff (12 Special (12S) In the State of
July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election (c) 12-Day Primary (12P) General (12G) Runoff (12 Convention (12C) Special (12S) in the State of State of
Convention (12C) Special (12S) Report for the: Convention (12C) Special (12S) In the State of July 31 Mid-Year Report (Non-election (d) 30-Day Report (Non-election
January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election (d) 30-Day Poor Floring County (900)
Year-End Report (YE) July 31 Mid-Year Report (Non-election State of Oncord (900) Poor Floring (900) Poor Floring (900)
Report (Non-election
Report for the:
Termination Report (TER) Election on State of
5. Covering Period 07 01 2011 through 09 30 2011
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 Jonathan Heafitz
Signature of Treasurer Jonathan Heafitz [Electronically Filed] Date 10 11 2011
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §43
Office Use Only

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, 2011		13220.72
(c) Cash on Hand at Beginning of Reporting Period	13720.72	
(c) Total Receipts (from Line 19)	7433.82	42433.82
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	21154.54	55654.54
7	otal Disbursements (from Line 31)	6250.00	40750.00
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	14904.54	14904.54
t	Debts and Obligations Owed TO ne Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	Debts and Obligations Owed BY The Committee (Itemize all on Schedule 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
<u> </u>	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	6433.82	11433.82
(i) Itemized (use Schedule A)	7	11100.02
(2) 11 %	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add	6422.02	11433.82
Lines 11(a)(i) and (ii)▶	6433.82	11433.02
(h) Political Party Committees	0.00	0.00
(b) Political Party Committees	7 7 7	
(such as PACs)	0.00	30000.00
(d) Total Contributions (add Lines	7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	6433.82	41433.82
Transfers From Affiliated/Other		7
Party Committees	0.00	0.00
,		
. All Loans Received	0.00	0.00
	7	
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	7	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7 7	7
to Federal Candidates and Other		
Political Committees	1000.00	1000.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	3.00	7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	4	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levill Fullds (IIOIII Schedule 113)		0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add Tota) and Toto))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	7433.82	42433.82
T. 15 1 15 1 15		
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	7433.82	42433.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinaar Four to Bate
	(i) Federal Share	0.00	0.00
	···	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	0.00	0.00
	(c) Total Operating Expenditures		
	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	Transfers to Affiliated/Other Party Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	6250.00	40750.00
	Independent Expenditures		
	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	, , , 0.00
	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(i) i odorai oriaro		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	6250.00	40750.00
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	6250.00	40750.00

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)	6433.82	41433.82				
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6433.82	41433.82				
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

FOR L	INE NU	JMBER	:	PAGE	6	OF	10
(check	only or	ne)					
X 11	la	11b		11c	12		
13	3	14		15	16		17

or for commercial purposes, other than using th	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANACEUTICAL CARE MANACEUTICA	GEMENT ASSOCIATION POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) A. Kristin Bass		Date of Receipt
Mailing Address 812 N. Jackson Street		09 22 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.4922
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	3269.27
Name of Employer	Occupation	
Pharmaceutical Care Mgmt Assoc	Senior VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	3269.27	
Full Name (Last, First, Middle Initial) Tim Brogan		Date of Receipt
Mailing Address 2804 9th Street S		09 22 2011
City	State Zip Code	Transaction ID : SA11AI.4924
Arlington	VA 22204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	680.00
Name of Employer	Occupation	
PCMA	Policy Analyst	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	Aggregate real-to-bate •	
Full Name (Last, First, Middle Initial) 2. Jonathan Heafitz		Date of Receipt
Mailing Address 2704 Emmet Road		Date of Heceipt M = M / D = D / Y = Y = Y Y
City	State Zip Code	Transaction ID : SA11AI.4925
Silver Spring	MD 20902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	255.00
Name of Employer	Occupation	
PCMA	Director, Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	255.00	
SUBTOTAL of Receipts This Page (optional)		4204.27
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

	R LINE			:	PAGE	=	7	OF		10			
(che	eck only	or or	ne)				1						
×	11a		11b		11c		12	2					
	13		14		15		16	6		17			

NAME OF COMMITTEE (In Full)	sing the name and address of any political committee ANAGEMENT ASSOCIATION POLITICAL	
Full Name (Last, First, Middle Initial) A. Barbara Levy		Date of Receipt
Mailing Address 522 N.Alfred Street		09 22 2011
City	State Zip Code	Transaction ID : SA11AI.4927
Alexandria	VA 22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	340.00
Name of Employer	Occupation	
PCMA	Assist VP State Affairs and GC	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	340.00	
Full Name (Last, First, Middle Initial) 3. Brian McCarthy		Date of Receipt
Mailing Address 1922 37th Street		09 22 2011
City	State Zip Code	Transaction ID : SA11AI.4928
Washington	DC 20007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	255.00
Name of Employer	Occupation	_
PCMA	Assist VP	
Receipt For:		\dashv
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	255.00	
Full Name (Last, First, Middle Initial) Jerry Steffl	1	Date of Receipt
Mailing Address 1220 N Nash Street		
#1142		09 22 _ 2011 _
City	State Zip Code	Transaction ID : SA11AI.4932
Arlington	VA 22209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1634.55
Name of Employer	Occupation	_
РСМА	VP Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1634.55	
SUBTOTAL of Receipts This Page (option	onal)	2229.55
	· · · · · · · · · · · · · · · · · · ·	0400.00
TOTAL This Period (last page this line n	number only)	6433.82

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

			LINE			:	PAGE		8	OF	10
Use separate schedule(s)	(check only one)										
for each category of the Detailed Summary Page			11a		11b		11c		12		
zotanou cummary rago			13		14		15	X	16		17
not be sold or used by any person for the purpose of soliciting contributions											

Any information copied from such Reports and Statements may 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) SCOTT BROWN FOR US SENATE COMMITTEE INC Date of Receipt Mailing Address P.O. BOX 395 2011 22 City Zip Code State Transaction ID: SA16.4933 MA 02903 **WRENTHAM** Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C00467233 federal political committee. Name of Employer Occupation Receipt For: 2012 Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Har arrange 1 1 1 1 1	FOR LINE	NUMBER:	PAGE 9 OF 10
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 28a 28b	24 25 26 28c 29 30
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. ANTHONY J BARR			Date of Disburseme	
Mailing Address 142 OVERLAND PASS PO BOX 498			09 23	2011
•	State Zip Code		Transaction ID : S	B23.4917
CLAYSBURG Purpose of Disbursement	PA 16625			
. a.poss of biosurcomont			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		050.00
ANDY BARR FOR CONGRESS, IN		Type		250.00
Senate President	nent For: 2012 Primary General Other (specify)			
State: KY District: 06				
Full Name (Last, First, Middle Initial) B. SCOTT P BROWN			Date of Disburseme	nt
B. SCOTT P BROWN			M M / D D	/
Mailing Address 70 HAYDEN WOODS			09 12	2011
,	State Zip Code MA 02093		Transaction ID : S	B23.4911
WRENTHAM Purpose of Disbursement	MA 02093			
			Amount of Each Dis	sbursement this Period
Candidate Name	ONALUTTEE :::	Category/		1000.00
SCOTT BROWN FOR US SENATE C		Type		1000.00
X Senate	nent For: 2012 Primary			
President State: MA District: 00	Other (specify) ▼			
Full Name (Last, First, Middle Initial)			Deta of Did	mt
C. MITCH MCCONNELL			Date of Disburseme	
Mailing Address 2318 DUNDEE ROAD			09 / 14	2011
,	state Zip Code		Transaction ID : S	:R23 /01/
LOUISVILLE	KY 40205		Transaction ID : S	,uz3.4314
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each Dis	sbursement this Period 1500.00
Senate President	nent For: 2014 Primary General Other (specify)	.,,,,,		
State: KY District: 00				
SUBTOTAL of Disbursements This Page (optional)		·····•		2750.00
TOTAL This Period (last page this line number only).				

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S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 10 OF				
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
		Detailed Summary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b			
<u> </u>			27				
Al	ny information copied from such Reports and Statem for commercial purposes, other than using the nam	ents may not be sold or us e and address of any politic	sed by any perso cal committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
Ĺ	NAME OF COMMITTEE (In Full)						
$ \rangle$	PHARMACEUTICAL CARE MANAGEM	ENT ASSOCIATION F	POLITICAL AG	CTION COMMITTEE (PCMA PAC)			
\mathbb{Z}							
$\overline{}$	Full Name (Last, First, Middle Initial)						
Α.	MIKE REP. MCINTYRE			Date of Disbursement			
	Mailing Address 1701 NORTH CHESTNUT ST.			07 26 2011			
	maining radiose 1701 NOICHT OFFECTIVOT OF			20 2011			
	•	State Zip Code		Transaction ID : SB23.4908			
	2011.22111.011	NC 28358		11alisaction ID . 3B23.4900			
	Purpose of Disbursement			Amount of Each Disbursement this Period			
	Candidate Name			Amount of Lacif Disbursement this Feriou			
	MCINTYRE FOR CONGRESS		Category/ Type	500.00			
		nent For: 2012	71				
		Primary General					
		Other (specify) ▼					
_	State: TX District: 17						
В	Full Name (Last, First, Middle Initial) FRANK JR PALLONE			Date of Disbursement			
٥.	FRANK JR PALLONE			M M / D D / Y Y Y Y			
	Mailing Address 1187 OCEAN AVENUE			07 20 2011			
	<u> </u>						
	,	State Zip Code NJ 07740		Transaction ID : SB23.4903			
	LONG BRANCH Purpose of Disbursement	NJ 07740					
	'			Amount of Each Disbursement this Period			
	Candidate Name		Category/	2500.00			
	PALLONE FOR CONGRESS		Type	2500.00			
		nent For: 2012					
		Primary General Other (specify) ▼					
	State: NJ District: 06	Strict (specify)					
_	Full Name (Last, First, Middle Initial)						
C.	STEVE MR. SCALISE			Date of Disbursement			
				M = M / D = D / Y = Y = Y			
	Mailing Address 234 JEFFERSON HEIGHTS AVE.			07 12 2011			
	City	State Zip Code					
		LA 70121		Transaction ID: SB23.4900			
	Purpose of Disbursement						
	Candidate Name		Amount of Each Disbursement this Period				
	SCALISE FOR CONGRESS		Category/	500.00			
		nent For: 2012	Туре				
		Primary General					
	President	Other (specify) ▼					
	State: LA District: 01						
l				0500.00			
5	SUBTOTAL of Disbursements This Page (optional)		·········· >	3500.00			
H	SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)			3500.00 6250.00			