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FEC FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) 601 PENNSYLVANIA AVENUE NW STE 740 ADDRESS (number and street) Check if different than previously WASHINGTON DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00388819 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Х Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2010 09 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jonathan Heafitz Type or Print Name of Treasurer Electronically Filed by Jonathan Heafitz 10 14 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

SUMMARY PAGE OF RECEIPTS AND DISRUBSEMENTS

OF RECEIPTS AND DISBURSEMENTS

2 / 17

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2010 Y Y Y		20128.21
	(b) Cash on Hand at Begining of Reporting Period	32228.21	
	(c) Total Receipts (from Line 19)	8273.10	28273.10
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40501.31	48401.31
7.	Total Disbursements (from Line 31)	35386.00	43286.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	5115.31	5115.31
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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) 3 / 17

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Report Covering the Period: From:

M M O 7 0 1 2 0 1 0 To:

To:

M M M O 9 3 0 2 0 1 0

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)	3273.10	8273.10
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	3273.10	8273.10
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	5000.00	20000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8273.10	28273.10
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
3.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
6	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
•	to Federal candidates and Other Political Committees	0.00	0.00
7.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
3.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
9.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8273.10	28273.10
).	Total Federal Receipts (subtract Line 18(c) from Line 19)	8273.10	28273.10

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 17

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	0.00	0.00
	(c) Total Operating Expenditures	0.00	0.00
2.	(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
	CommitteesContributions to	0.00	0.00
3.	Federal Candidates/Committees and Other Political Committees	35350.00	43250.00
4.	Independent Expenditure	0.00	0.00
5.	(use Schedule E)	0.00	0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7.	Loans Made	0.00	0.00
3.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	
	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
9.	Other Disbursements	36.00	36.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	· ·	0.00	0.00
	(ii) "Levin" Share(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
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	35386.00	43286.00
2.	Total Federal Disbursements		
•	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	35386.00	43286.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 17

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	8273.10	28273.10
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8273.10	28273.10
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 17 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGE	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Kristin Bass Mailing Address 812 N. Jackson Street City Arlington FEC ID number of contributing federal political committee.		Zip Code 22201	Date of Receipt M M
	Name of Employer Pharmaceutical Care Mgmt Assoc Receipt For: Primary General Other (specify)	Occupation Senior V Aggregate		
3.	Full Name (Last, First, Middle Initial) Tim Brogan Mailing Address 2804 9th Street S			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4773
	Arlington	VA	22204	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer PCMA	Occupation Policy A		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
 ;.	Full Name (Last, First, Middle Initial) Jonathan Heafitz			Date of Receipt
-	Mailing Address 2608 Arvin Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.4769
	Silver spring FEC ID number of contributing federal political committee.	C	20902	Amount of Each Receipt this Period 225.00
	Name of Employer PCMA	Occupation Director	n Federal & Regulatory Affairs	
	Receipt For: Primary General Other (specify) ▼	1 '	e Year-to-Date ▼ 225.00	
5	SUBTOTAL of Receipts This Page (optional)			2748.10
,	FOTAL This Period (last page this line number	only)		

A.

PAGE 7/17 FOR LINE NUMBER: SCHEDULE A (FEC Form 3X) Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name (Last, First, Middle Initial) Date of Receipt Barbara Levy Mailing Address 522 N.Alfred Street 23 07 2010 City State Zip Code Transaction ID: SA11AI.4771 Alexandria VA 22314 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Name of Employer PCMA Occupation Assist VP State Affairs and GC Receipt For: Aggregate Year-to-Date Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) В. Brian McCarthy Date of Receipt Mailing Address 1922 37th Street 23 2010 City Transaction ID: SA11AI.4772 State Zip Code Washington DC 20007 Amount of Each Receipt this Period FEC ID number of contributing C 225.00 federal political committee. Name of Employer PCMA Occupation Assist VP Receipt For: Aggregate Year-to-Date ▼ Primary General

CURTOTAL of Provide This Provide Name (525.00
SUBTOTAL of Receipts This Page (optional)		
TOTAL This Period (last page this line number only)	•	3273.10

225.00

Other (specify)

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 17 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEN	MENT ASSOCIATION POLITICAL ACTIO	N COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) AETNA INC. POLITICAL ACTION COMMITTEE Mailing Address 20 F Street, N.W. Suite 350		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11C.4767
Washington FEC ID number of contributing federal political committee.	DC 20001 C C00181826	Amount of Each Receipt this Period 5000.00
Name of Employer	Occupation	1
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	•	5000.00
TOTAL This Period (last page this line number only)	•	5000.00

SCHEDULE B (FEC Form 3X)

	TEMPER PLOPUPOEMENTS	Use separate schedule(s)		OR LINE neck only	NUMBE vone)	H:		L PA	1GE	9/1/	
	TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		À	21b 27	22 28a		23 28b	24 28c		25 29	26 30
	any Information copied from such Reports and Staten r for commercial purposes, other than using the named NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMEN	e and address of any politica	al com	mitt	ee to so	licit contr	ibutio	ons fron	n such (comm	ittee	
∠ A .	Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS Mailing Address 14 KNIGHTSWOOD DR	IVE				Date		on ID: sbursen			0 0 1 0	Y
	City MARLTON Purpose of Disbursement	State Zip Code NJ 08053			-	Amou	int of	Each D	Disburse		this P	eriod
	Candidate Name			ateg Typ								
	Office Sought: X House Senate President State: NJ District: 03	ement For: 2010 Primary X General Other (specify)										
В.	Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS Mailing Address P.O. Box 2232	3				Date		bursen	D / \		6 0 1 0	Y
	City Jenkintown Purpose of Disbursement	State Zip Code PA 19046				Amou	int of	Each D	isburse		this P	eriod
	Candidate Name Office Sought: X House Senate President State: PA District: 13	ement For: 2010 Primary X General Other (specify)		ateg Typ	-							
С. С.	Full Name (Last, First, Middle Initial) A LOT OF PEOPLE WHO SUPPORT JEF	F BINGAMAN				Date of		bursen	D / \			Υ
	Mailing Address PO BOX 16210 City	State Zip Code				0 9 Amou	ınt of	1 6 Each D	Disburse		0 1 0 this P	
	ALBUQUERQUE Purpose of Disbursement	NM 87191								100	00.00	À
	Candidate Name JEFF BINGAMAN Office Sought: House Disburse	ement For: 2012		ateg Typ	ory/ e							
	X Senate X President State: NM District: 00	Primary General Other (specify) ▼										
	SUBTOTAL of Disbursements This Page (optional)				<u> </u>					300	0.00	·
	TOTAL This Period (last page this line number only)				•							

ITEMIZED DISBURSEMENTS	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 17
rof 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) ANDY BARR FOR CONGRESS, INC. Mailing Address PO Box 2059 City State Zip Code Lexington KY 40588 Purpose of Disbursement Candidate Name Office Sought: X House Senate Primary X General President State: KY District: 06 Full Name (Last, First, Middle Initial) BENNET FOR COLORADO Mailing Address PO BOX 3078 City State Zip Code CO 80201 Purpose of Disbursement Candidate Name Office Sought: House CO 80201 Purpose of Disbursement Candidate Name Office Sought: House President State: CO District: 00 Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P. O. Box 17813 City Senate President State: CO District: 00 Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P. O. Box 17813 City State Zip Code Category' Type Office Sought: X House President Category' Type Office Sought: X House President Category' Type Office Sought: X House President Condidate Name Office Sought: X House President Category' Type Office Sought: X House President Category' Ty	ITEMIZED DISBURSEMENTS	for each category of the	
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City			
Lexington KY 40588	Mailing Address PO Box 2059		09
Cardidate Name Office Sought:	Lexington		Amount of Each Disbursement this Period
Office Sought:	· ·		
Senate President State: KY District: 06 Full Name (Last, First, Middle Initial) BENNET FOR COLORADO Mailing Address PO BOX 3078 City DENVER CO 80201 Purpose of Disbursement Candidate Name Disbursement For: 2010 Full Name (Last, First, Middle Initial) State: CO District: 00 Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P. O. Box 17813 City State Zip Code (Specify) ▼ Transaction ID: SB23,4721 Date of Disbursement this Periode (Category/Type) Category/Type Transaction ID: SB23,4721 Amount of Each Disbursement this Periode (Specify) ▼ Transaction ID: SB23,4721 Date of Disbursement this Periode (Specify) ▼ Transaction ID: SB23,4697 Date of Disbursement Transaction ID: SB23,4721 Amount of Each Disbursement Transaction ID: SB23,4721 Amount of Each Disbursement Transaction ID: SB23,4721 Date of Disbursement Transaction ID: SB23,4721 Dat			3 ,
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City DENVER CO 80201 Purpose of Disbursement Candidate Name Category/ Type Office Sought: Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address Mailing Address P. O. Box 17813 City Richmond Purpose of Disbursement Category/ Type Amount of Each Disbursement this Peri 1000.00 Transaction ID: SB23.4697 Date of Disbursement My Y Y O Y O T O T O Transaction ID: SB23.4697 Date of Disbursement My My D T O T O T O T O T O T O T O T O T O T O	Full Name (Last, First, Middle Initial)		Date of Disbursement
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Candidate Name Category/ Type Office Sought: House X Senate Primary X General Primary X General President State: CO District: 00 Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS Mailing Address P. O. Box 17813 City State Zip Code NG Primary X General Purpose of Disbursement Candidate Name Category/ Type Transaction ID: SB23.4697 Date of Disbursement M 9 M / P 1 6 / Y 2 0 1 0 Y 2 0			Amount of Each Disbursement this Period
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Mailing Address P. O. Box 17813 City State Zip Code Richmond VA 23226 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate Primary X General President Other (specify) ▼	Full Name (Last, First, Middle Initial)		
Richmond VA 23226 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate Primary X General Other (specify) ▼			
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Full	, ,	District: 04 First, Middle Initial) FOR INDIANA					Transaction ID: SB23.4683 Date of Disbursement
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City IND	/ DIANAPOLIS	S	Sta IN		Zip Code 46230		Amount of Each Disbursement this Period
Purp	pose of Disbu	rsement					1000.00
	ndidate Name					Category/ Type	
	ice Sought: te: IN	House X Senate President District: 00	I	ent For: rimary ther (spe	2010 X General ecify) ▼		
Full	Name (Last,	First, Middle Initial) FOR CONGRESS	2010				Transaction ID: SB23.4785 Date of Disbursement
Mail	iling Address	5915 Eastman Suite 100	Avenue				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & O & Y \\ 2 & O & 1 \end{smallmatrix} O \end{bmatrix}$
City Mid	/ dland		Sta Mi		Zip Code 48640		Amount of Each Disbursement this Perio
	pose of Disbu	rsement					2400.00
	ndidate Name		1			Category/ Type	
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Stat	te: MI	District: 04		(opc	:J/ ▼		

SCHEDULE B (FEC Form 3X)

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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the report of NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	ame and address of any politica	al committee to s	solicit contributions from such committee
Full Name (Last, First, Middle Initial) DRIEHAUS FOR CONGRESS Mailing Address 650 Fox Trails Way			Transaction ID: SB23.4671 Date of Disbursement Transaction ID: SB23.4671 Date of Disbursement Transaction ID: SB23.4671 Date of Disbursement
City Cincinnati	State Zip Code OH 45233	1	Amount of Each Disbursement this Period 500.00
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Office Sought: X House Senate President State: OH District: 01	rsement For: 2010 Primary X General Other (specify) ▼	Туре	
Full Name (Last, First, Middle Initial) DUFFY FOR CONGRESS			Transaction ID: SB23.4750 Date of Disbursement
Mailing Address PO Box 538			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Wausau	State Zip Code WI 54402		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: WI District: 07	rrsement For: 2010 Primary X General Other (specify) ▼		
Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS			Transaction ID: SB23.4741 Date of Disbursement
Mailing Address Post Office Box 9336			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Fargo	State Zip Code ND 58106		Amount of Each Disbursement this Perio
Purpose of Disbursement		• •	1000.00
Candidate Name EARL R. POMEROY		Category/ Type	
Office Sought: X House Senate President State: ND District: 00	rrsement For: 2010 Primary X General Other (specify) ▼	•	

Any Information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMEN Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address P.O. BOX 19163 City LAS VEGAS	Detailed nents may note and addre	ss of any political	committee to sol	22 X 23 24 25 28 28 28 29 29 or the purpose of soliciting contributions licit contributions from such committee	
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NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMEN Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address P.O. BOX 19163 City				N COMMITTEE (PCMA PAC)	
FRIENDS FOR HARRY REID Mailing Address P.O. BOX 19163 City				Transaction ID: CD00 4000	
City				Date of Disbursement	
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Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN		Transaction ID: SB23.4700 Date of Disbursement			
Mailing Address PO BOX 3197	Mailing Address PO BOX 3197				
City LITTLE ROCK	State AR	Zip Code 72203		Amount of Each Disbursement this Period	
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WASHINGTON Purpose of Disbursement Candidate Name Office Sought: House Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) PAT MEEHAN FOR CONGRESS Mailing Address 50 S. Providence Road PO BOX 308 City State Zip Code Media PA 19063 Purpose of Disbursement Candidate Name Office Sought: X House PA 19063 Purpose of Disbursement Candidate Name Disbursement For: 2010 Primary X General Senate President Other (specify) ▼ State: PA District: 07 Full Name (Last, First, Middle Initial) PROSPERITY PAC Mailing Address 1006 Pendleton Street Sought: Transaction ID: SB23.4733 Date of Disbursement this Peric Senate Primary X General Other (specify) ▼ Transaction ID: SB23.4753 Date of Disbursement Transaction ID: SB23.4753		LE B (FEC FOIIII 37	' Use sepa	arate schedule(s)	FOR LINE	
nor 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) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE Mailing Address 320 FIRST STREET SE City WASHINGTON Candidate Name Office Sought: Full Name (Last, First, Middle Initial) PAT MEEHAN FOR CONGRESS Mailing Address So S. Providence Road PO BOX 308 City Media PA 19063 Purpose of Disbursement Candidate Name Office Sought: X House Primary Category/ Type Transaction ID: SB23.4733 Date of Disbursement Office Sought: X House Primary Category/ Type Transaction ID: SB23.4733 Date of Disbursement Office Sought: X House Primary Category/ Type Transaction ID: SB23.4733 Date of Disbursement Office Sought: X House Primary Category/ Type Office Sought: X House President Other (specify) ▼ Transaction ID: SB23.4733 Date of Disbursement this Peric Category/ Type Amount of Each Disbursement this Peric Office Sought: X Amount of Each Disbursement this Peric Category/ Type Office Sought: Name (Last, First, Middle Initial) Primary X General President VA 22314 Purpose of Disbursement Office Sought: House President Other (specify) ▼ Other (s			Detailed	Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
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City State Zip Code Alexandria VA 22314 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary X General President President City Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Other (specify)	Full Name	(Last, First, Middle Initial)				
Alexandria VA 22314 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary X General Other (specify) President Other (specify) Other (specify) Other (specify)	Mailing Ac	ldress 1006 Pendleton S	treet		09 09 7 030 7 2010	
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		•		arate schedule(s)		(check or	E NUMBER: PAGE 15 / 17
	EMIZED DISBURSEME	_	Detailed	category of the Summary Page		21b 27	22 X 23 24 25 28a 28b 28c 29
or fo							for the purpose of soliciting contributions solicit contributions from such committee
<u>></u>	PHARMACEUTICAL CARE M		T ASSOC	CIATION POLIT	TICAI	L ACTIC	ON COMMITTEE (PCMA PAC)
	Full Name (Last, First, Middle Initia RICHARD E NEAL FOR CON	•	MITTEE				Transaction ID: SB23.4727 Date of Disbursement
	Mailing Address 76 MAGNOI	LIA TERRAC	E				099 / 28 / 2010
	City SPRINGFIELD		State MA	Zip Code 01108			Amount of Each Disbursement this Perio
	Purpose of Disbursement						1000.00
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	ROSKAM FOR CONGRESS COMMITTEE						Transaction ID: SB23.4703 Date of Disbursement
	Mailing Address P. O. Box 7	13					$\begin{bmatrix} 0 & 0 & 0 & 0 \\ 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 \end{bmatrix} \begin{bmatrix} 0 & 0 & 0 \\ 0 & 2 & 0 \end{bmatrix}$
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	Purpose of Disbursement						1500.00
	Candidate Name					tegory/ ype	
	Office Sought: X House Senate President State: IL District: 06	Disburse	ment For: Primary Other (spe	2010 X General ecify) ▼			
	Full Name (Last, First, Middle Initial) SCOTT BROWN FOR US SENATE COMMITTEE						Transaction ID: SB23.4674 Date of Disbursement
	Mailing Address P.O. BOX 395						09 / 13 / 2010
	City WRENTHAM		State MA	Zip Code 02903			Amount of Each Disbursement this Period
	Purpose of Disbursement						1000.00
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TEMIZED DISBURSEMENTS for each category of the betailed Summary Page 27 28 28 28 28 28 28 28 28 28 28 28 28 28	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	-
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND Mailing Address P.O. Box 32025 City State Zip Code AZ 85064 Prince Pr	ITEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23 24 25 2
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND Mailing Address P.O. Box 32025 City Phoenix AZ 85064 Purpose of Disbursement Candidate Name Office Sought: House President District: Full Name (Last, First, Middle Initial) STEVE FINCHER FOR CONGRESS Mailing Address PO BOX 11153 City Office Sought: X House President Senate President Senate President Senate President Senate President State: TN District: Full Name (Last, First, Middle Initial) STEVE FINCHER FOR CONGRESS Mailing Address PO BOX 11153 City State Zip Code TN 38308 Purpose of Disbursement Candidate Name Office Sought: X House President Senate President State: TN District: 0 Disbursement For: 2010 President State: TN District: 0 Disbursement For: 2010 President State: TN District: 0 Disbursement For: 2010 Primary Ceneral Other (specify) ▼ Transaction ID: SB23.4730 Date of Disbursement this Peric Category/ Type Office Sought: X House President State: TN District: 0 Disbursement For: 2010 Primary Ceneral Other (specify) ▼ Transaction ID: SB23.4730 Date of Disbursement this Peric Category/ Type Office Sought: X House President State: TN District: 0 Disbursement For: 2010 Primary Ceneral Other (specify) ▼ Amount of Each Disbursement Inits Peric Category/ Type Office Sought: X House Senate President State: AL District: 0 Disbursement For: 2010 Primary Ceneral Other (specify) ▼ Office Sought: X House Senate Primary Ceneral Other (specify) ▼ Office Sought: X House Senate Primary Ceneral Other (specify) ▼ Office Sought: X House Senate Primary Ceneral Other (specify) ▼ Office Sought: X House Senate Primary Ceneral Other (specify) ▼ Office Sought: X House Senate Primary Ceneral Other (specify) ▼ Office Sought: X House Senate Primary Ceneral Other (specify) ▼				
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Candidate Name Category/ Type				Amount of Each Disbursement this Period
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Office Sought:				500.00
Senate Primary X General Other (specify) ▼ Full Name (Last, First, Middle Initial) TERRI SEWELL FOR CONGRESS Mailing Address P.O. Box 1964 City State Zip Code Birmingham AL 35201 Purpose of Disbursement Candidate Name Office Sought: X House Senate Primary X General Other (specify) ▼ State: AL District: 07 Transaction ID: SB23.4718 Date of Disbursement M 9 M / P 2 M / Y 2 0 1 0 Y Amount of Each Disbursement this Period Category/ Type Other (specify) ▼ State: AL District: 07				
Full Name (Last, First, Middle Initial) TERRI SEWELL FOR CONGRESS Mailing Address P.O. Box 1964 City State Zip Code Birmingham AL 35201 Purpose of Disbursement Candidate Name Office Sought: X House Senate Primary X General President State: AL District: 07 Transaction ID: SB23.4718 Date of Disbursement Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Other (specify) Other (specify)	Senate President	Primary X General		
City State Zip Code AL 35201 Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate Primary X General President State: AL District: 07 Amount of Each Disbursement this Period State Zip Code AL 35201 Category/ Type Category/ Type	Full Name (Last, First, Middle Initial)		Date of Disbursement	
Birmingham Purpose of Disbursement Candidate Name Category/ Type Office Sought: X House Senate Primary X General Other (specify) ▼ State: AL District: 07 AL 35201 1000.00	Mailing Address P.O. Box 1964			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
Candidate Name Category/ Type Office Sought:				Amount of Each Disbursement this Perio
Office Sought: Senate President State: AL District: 07 Disbursement For: 2010 Primary X General Other (specify)			Catagory	1000.00
Senate		ement For: 2010		
0500.00	Senate President	Primary X General		
COSTOTAL OF DISDUISORIORIS THIS Fage (optional)	<u> </u>			2500.00
TOTAL This Period (last page this line number only)				

SCHEDULE B (FEC FOIIII 3X	Use separate schedule(s)	FOR LINE (check only	
ITEMIZED DISBURSEMENTS	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
Any Information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAG	EMENT ASSOCIATION POLIT	CAL ACTION	COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS			Transaction ID: SB23.4762 Date of Disbursement
Mailing Address P.O. BOX 661 PO BOX 5458			$ \begin{bmatrix} M & M \\ 0 & 9 \end{bmatrix} / \begin{bmatrix} D & D \\ 3 & 0 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y & Y & Y & Y & Y & Y &$
City COLLINSVILLE	State Zip Code IL 62234		Amount of Each Disbursement this Perio
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
Senate President	isbursement For: 2010 X Primary General Other (specify)		
State: IL District: 19 Full Name (Last, First, Middle Initial)			Transaction ID: SB23.4736
WALLY HERGER FOR CONGRESS	COMMITTEE		Date of Disbursement
Mailing Address PO Box 1007			09 M / 30 / Y Y Y Y Y Y Y
City Willows	State Zip Code CA 95988		Amount of Each Disbursement this Perio
Purpose of Disbursement			1000.00
Candidate Name		Category/ Type	
Office Sought: X House Senate President State: CA District: 02	isbursement For: 2010 Primary X General Other (specify)		
Full Name (Last, First, Middle Initial) WYDEN FOR SENATE			Transaction ID: SB23.4756 Date of Disbursement
Mailing Address 232 NE 9TH AVEN	IUE		09
City PORTLAND	State Zip Code OR 97232		Amount of Each Disbursement this Perio
Purpose of Disbursement		0 0	1000.00
Candidate Name		Category/ Type	
Office Sought: House X Senate President	isbursement For: 2010 Primary X General Other (specify) ▼		
State: OR District: 00	·		
SUBTOTAL of Disbursements This Page (op	otional)		3000.00
TOTAL This Period (last page this line numb			35350.00