

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee**

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

ADDRESS (number and street) 601 PENNSYLVANIA AVENUE NW STE 740

Check if different than previously reported. (ACC)

WASHINGTON DC 20004

2. **FEC IDENTIFICATION NUMBER** C00388819

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

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on _____ in the State of _____

(d) 30-Day Post -Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

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 Electronically Filed by Jonathan Heafitz Date 10 14 2010

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 Use Only							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		20128.21
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning 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 BY 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

**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)

Report Covering the Period: From: To:

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
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8273.10	28273.10
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. 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
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8273.10	28273.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8273.10	28273.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35350.00	43250.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(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
29. Other Disbursements.....	36.00	36.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35386.00	43286.00
32. 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

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	8273.10	28273.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8273.10	28273.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. 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 LINE NUMBER: PAGE 6 / 17
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)

A.

Full Name (Last, First, Middle Initial) Kristin Bass		Date of Receipt MM / DD / YYYY 07 / 16 / 2010
Mailing Address 812 N. Jackson Street		Transaction ID: SA11AI.4775
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1923.10
Name of Employer Pharmaceutical Care Mgmt Assoc	Occupation Senior VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1923.10	

B.

Full Name (Last, First, Middle Initial) Tim Brogan		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Mailing Address 2804 9th Street S		Transaction ID: SA11AI.4773
City Arlington	State VA	Zip Code 22204
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer PCMA	Occupation Policy Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Jonathan Heafitz		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Mailing Address 2608 Arvin Street		Transaction ID: SA11AI.4769
City Silver spring	State MD	Zip Code 20902
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer PCMA	Occupation Director Federal & Regulatory Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	▶	2748.10
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	FOR LINE NUMBER: PAGE 7 / 17	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A.

Full Name (Last, First, Middle Initial) Barbara Levy		Date of Receipt
Mailing Address 522 N.Alfred Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 23 / 2010
City	State	Zip Code
Alexandria	VA	22314
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4771
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 300.00
Name of Employer PCMA	Occupation Assist VP State Affairs and GC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 300.00	

B.

Full Name (Last, First, Middle Initial) Brian McCarthy		Date of Receipt
Mailing Address 1922 37th Street		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 23 / 2010
City	State	Zip Code
Washington	DC	20007
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4772
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 225.00
Name of Employer PCMA	Occupation Assist VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 225.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 525.00
TOTAL This Period (last page this line number only)	<input type="text"/> 3273.10

**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)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A.	Full Name (Last, First, Middle Initial) AETNA INC. POLITICAL ACTION COMMITTEE		Date of Receipt
	Mailing Address 20 F Street, N.W. Suite 350		<input type="text" value="08"/> / <input type="text" value="20"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20001
	FEC ID number of contributing federal political committee.		Transaction ID: SA11C.4767
	<input type="text" value="C"/> <input type="text" value="C00181826"/>		Amount of Each Receipt this Period
Name of Employer		Occupation	<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A.	Full Name (Last, First, Middle Initial) ADLER FOR CONGRESS	Transaction ID: SB23.4680 Date of Disbursement 09 / 13 / 2010
	Mailing Address 14 KNIGHTSWOOD DRIVE	Amount of Each Disbursement this Period 1000.00
	City MARLTON State NJ Zip Code 08053	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS	Transaction ID: SB23.4746 Date of Disbursement 09 / 24 / 2010
	Mailing Address P.O. Box 2232	Amount of Each Disbursement this Period 1000.00
	City Jenkintown State PA Zip Code 19046	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) A LOT OF PEOPLE WHO SUPPORT JEFF BINGAMAN	Transaction ID: SB23.4694 Date of Disbursement 09 / 16 / 2010
	Mailing Address PO BOX 16210	Amount of Each Disbursement this Period 1000.00
	City ALBUQUERQUE State NM Zip Code 87191	
	Purpose of Disbursement	Category/Type
	Candidate Name JEFF BINGAMAN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. Full Name (Last, First, Middle Initial)
ANDY BARR FOR CONGRESS, INC.

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: KY District: 06

Transaction ID: SB23.4706

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
BENNET FOR COLORADO

Mailing Address PO BOX 3078

City DENVER State CO Zip Code 80201

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CO District: 00

Transaction ID: SB23.4721

Date of Disbursement

09 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
CANTOR FOR CONGRESS

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: VA District: 07

Transaction ID: SB23.4697

Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: SB23.4759 Date of Disbursement
	Mailing Address P.O. Box 1776	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Freedom State PA Zip Code 15042	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DAN COATS FOR INDIANA	Transaction ID: SB23.4683 Date of Disbursement
	Mailing Address PO BOX 301141	<input type="text" value="09"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City INDIANAPOLIS State IN Zip Code 46230	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010	Transaction ID: SB23.4785 Date of Disbursement
	Mailing Address 5915 Eastman Avenue Suite 100	<input type="text" value="09"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Midland State MI Zip Code 48640	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2400.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4400.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A.

Full Name (Last, First, Middle Initial)
DRIEHAUS FOR CONGRESS

Mailing Address 650 Fox Trails Way

City Cincinnati State OH Zip Code 45233

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District: 01

Transaction ID: SB23.4671

Date of Disbursement

07 / 27 / 2010

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
DUFFY FOR CONGRESS

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WI District: 07

Transaction ID: SB23.4750

Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
EARL POMEROY FOR CONGRESS

Mailing Address Post Office Box 9336

City Fargo State ND Zip Code 58106

Purpose of Disbursement

Candidate Name
EARL R. POMEROY

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: ND District: 00

Transaction ID: SB23.4741

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: SB23.4686 Date of Disbursement 09 / 13 / 2010
	Mailing Address P.O. BOX 19163	Amount of Each Disbursement this Period 2400.00
	City LAS VEGAS State NV Zip Code 89132	
	Purpose of Disbursement	Category/Type
	Candidate Name HARRY REID	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NV District: 00	
B.	Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: SB23.4700 Date of Disbursement 09 / 16 / 2010
	Mailing Address PO BOX 3197	Amount of Each Disbursement this Period 2150.00
	City LITTLE ROCK State AR Zip Code 72203	
	Purpose of Disbursement	Category/Type
	Candidate Name BLANCHE L LINCOLN	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 00	
C.	Full Name (Last, First, Middle Initial) HOOSIERS FOR ROKITA	Transaction ID: SB23.4668 Date of Disbursement 07 / 15 / 2010
	Mailing Address 7643 East U.S. 36	Amount of Each Disbursement this Period 1000.00
	City Avon State IN Zip Code 46123	
	Purpose of Disbursement	Category/Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 04	

SUBTOTAL of Disbursements This Page (optional) ▶

5550.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A.

Full Name (Last, First, Middle Initial)

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SB23.4765

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Mailing Address 320 FIRST STREET SE

Amount of Each Disbursement this Period

5000.00

City State Zip Code
WASHINGTON DC 20003

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

PAT MEEHAN FOR CONGRESS

Transaction ID: SB23.4733

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	0

Mailing Address 50 S. Providence Road
PO BOX 308

Amount of Each Disbursement this Period

500.00

City State Zip Code
Media PA 19063

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: PA District: 07

C.

Full Name (Last, First, Middle Initial)

PROSPERITY PAC

Transaction ID: SB23.4753

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	0

Mailing Address 1006 Pendleton Street

Amount of Each Disbursement this Period

2400.00

City State Zip Code
Alexandria VA 22314

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

7900.00

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

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A. Full Name (Last, First, Middle Initial)
RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City SPRINGFIELD State MA Zip Code 01108

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MA District: 02

Transaction ID: SB23.4727

Date of Disbursement

09 / 28 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
ROSKAM FOR CONGRESS COMMITTEE

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: IL District: 06

Transaction ID: SB23.4703

Date of Disbursement

09 / 22 / 2010

Amount of Each Disbursement this Period

1500.00

C. Full Name (Last, First, Middle Initial)
SCOTT BROWN FOR US SENATE COMMITTEE

Mailing Address P.O. BOX 395

City WRENTHAM State MA Zip Code 02903

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MA District: 00

Transaction ID: SB23.4674

Date of Disbursement

09 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

A.	Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND			Transaction ID: SB23.4714 Date of Disbursement																						
	Mailing Address P.O. Box 32025			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y																
	0	7		1	5		2	0	1	0																
	City	State	Zip Code	Amount of Each Disbursement this Period																						
	Phoenix	AZ	85064																							
Purpose of Disbursement			<table border="1"> <tr> <td>1000.00</td> </tr> </table>			1000.00																				
1000.00																										
Candidate Name																										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type																							
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																										
State: District:																										

B.	Full Name (Last, First, Middle Initial) STEVE FINCHER FOR CONGRESS			Transaction ID: SB23.4730 Date of Disbursement																						
	Mailing Address PO BOX 11153			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y																
	0	9		2	9		2	0	1	0																
	City	State	Zip Code	Amount of Each Disbursement this Period																						
	JACKSON	TN	38308																							
Purpose of Disbursement			<table border="1"> <tr> <td>500.00</td> </tr> </table>			500.00																				
500.00																										
Candidate Name																										
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type																							
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																										
State: TN District: 08																										

C.	Full Name (Last, First, Middle Initial) TERRI SEWELL FOR CONGRESS			Transaction ID: SB23.4718 Date of Disbursement																						
	Mailing Address P.O. Box 1964			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	4		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y																
	0	9		2	4		2	0	1	0																
	City	State	Zip Code	Amount of Each Disbursement this Period																						
	Birmingham	AL	35201																							
Purpose of Disbursement			<table border="1"> <tr> <td>1000.00</td> </tr> </table>			1000.00																				
1000.00																										
Candidate Name																										
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Category/ Type																							
Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																										
State: AL District: 07																										

SUBTOTAL of Disbursements This Page (optional)			2500.00		
TOTAL This Period (last page this line number only)					

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

<p>A. Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS</p> <p>Mailing Address P.O. BOX 661 PO BOX 5458</p> <p>City COLLINSVILLE State IL Zip Code 62234</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 19</p>	<p>Transaction ID: SB23.4762 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) WALLY HERGER FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 1007</p> <p>City Willows State CA Zip Code 95988</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 02</p>	<p>Transaction ID: SB23.4736 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) WYDEN FOR SENATE</p> <p>Mailing Address 232 NE 9TH AVENUE</p> <p>City PORTLAND State OR Zip Code 97232</p> <p>Purpose of Disbursement <input type="checkbox"/></p> <p>Candidate Name <input type="checkbox"/> Category/Type</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 00</p>	<p>Transaction ID: SB23.4756 Date of Disbursement: 09 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

35350.00