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Image# 201510089002821651

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TONIN 3X	For Other Than An	Authorized Com	nittee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If over the line	typing, type es.	12FE4M5	
PHARMACEUTICAL CAF	RE MANAGEMENT A	ASSOCIATION PO	DLITICAL ACT	ION COMM	ITTEE (PCMA PAC)
ADDRESS (number and street)	601 PENNSYLVANIA	AVENUE NW STE 740			
Check if different than previously				D0	
reported. (ACC)	WASHINGTON			DC	20004
2. FEC IDENTIFICATION N	UMBER ▼	CITY A		STATE A	ZIP CODE ▲
C C00388819		3. IS THIS REPORT X	NEW (N) OR	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)		20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	H	Apr 20 (M4)	Jul 20 (M7)		(Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Report (0	Q1) (a)		<u> </u>	-	
July 15 Quarterly Report (0	(c) 12-Day PRE-Election	Primary n	(12P)	General	(12G) Runoff (12R)
October 15	Report for the	ne: Convent	ion (12C)	Special (12S)
Quarterly Report (C January 31 Year-End Report (N		lection on	/ D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	(d) 30-Day		(30G)	Runoff (3	OR) Special (30S)
Termination Report (TER)		lection on	/ D = D /	Y - Y - Y - Y	in the State of
5. Covering Period 07		015 throu	gh 09	30	2015
I certify that I have examined th	nis Report and to the be	st of my knowledge a	and belief it is tru	ie, correct and	l complete.
Type or Print Name of Treasure	er Jonathan Heafitz				
Signature of Treasurer Jona	ıthan Heafitz	[Electron	ically Filed]	Date 10	/ 08 / Y Y Y Y Y Y 2015
NOTE: Submission of false, erron	leous, or incomplete inforn	mation may subject the	person signing th	nis Report to th	ne penalties of 2 U.S.C. §437g.
Office Use					FEC FORM 3X Rev. 12/2004
Only					

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

01 09 30 Report Covering the Period: 07 2015 2015 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 7708.87 January 1, 2015 (b) Cash on Hand at 3014.18 Beginning of Reporting Period..... 38238.41 4233.10 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 7247.28 45947.28 6(a) and 6(c) for Column B)..... 2250.00 40950.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 4997.28 4997.28 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

X

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) Page 3

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:	Total Tille I diloc	Calondar Four to Buto
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	4093.10	11993.41
(ii) Unitemized	140.00	1245.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	4233.10	13238.41
(h) Dalitical Danta Committee	0.00	0.00
(b) Political Party Committees	0.00	7 7 7
(c) Other Political Committees (such as PACs)	0.00	25000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	4233.10	38238.41
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
_	2.00	
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other	0.00	0.00
Political Committees Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	0.00
(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))▶	4233.10	38238.41
. Total Federal Receipts		
. Total I odoral Hoodipto		

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. C	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcinaal Tour to Bate
	(i) Federal Share	0.00	0.00
		0.00	0.00
((ii) Non-Federal Shareb) 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
	Fransfers to Affiliated/Other Party	0.00	0.00
F	Contributions to Federal Candidates/Committees and Other Political Committees	2250.00	40950.00
	ndependent Expenditures	7 7 7	
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) use Schedule F)	0.00	, , , 0.00
L	oan Repayments Made	0.00	0.00
	oans 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
C	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
	(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))	2250.00	40950.00
Т	Total Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii) rom Line 31)	2250.00	40950.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	4233.10	38238.41
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4233.10	38238.41
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
8. 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	OF	11	
(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

	NAGEMENT ASSOCIATION POLITICAL A	CHON COMMITTEE (PCMA PAC
Full Name (Last, First, Middle Initial) April Alexander		Date of Receipt
Mailing Address 2127 California St, NW #	103	08 12 2015
City	State Zip Code	Transaction ID : SA11AI.5106
Washington	DC 20008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	280.00
Name of Employer	Occupation	
PCMA	Sr Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	760.00	
Full Name (Last, First, Middle Initial) Kristin Bass	1	Date of Receipt
Mailing Address 812 N. Jackson St		08 12 _2015 _
City	State Zip Code	Transaction ID : SA11AI.5107
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing		Table 5. East 1656 pt till 1 offod
federal political committee.	C	1346.17
Name of Employer	Occupation	
Pharmaceutical Care Mgmt Assoc	SVP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	3846.20	
Full Name (Last, First, Middle Initial)	I	Data of Descipt
Tim Brogan		Date of Receipt
Mailing Address 2804 9th Street S		08 12 2015
City	State Zip Code	Transaction ID : SA11AI.5108
Arlington	VA 22204	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	280.00
Name of Employer	Occupation	
PCMA	Policy Analyst	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Otto and form a sit A	800.00	
Other (specify)		

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

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

FOR LINE NUMBER:					PAGE	:	7	OF	11	
(check only one)										
	×	11a		11b		11c		12	!	
		13		14		15		16	;	17

	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAG	GEMENT ASSOCIATION POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) A. Andy Cosgrove		Date of Receipt
Mailing Address 2212 N Quintana Street		08 12 2015
City	State Zip Code	Transaction ID : SA11AI.5109
Arlington	VA 22205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	269.22
Name of Employer	Occupation	
PCMA	VP Policy	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	769.20	
Full Name (Last, First, Middle Initial) Clem Cypra		Date of Receipt
Mailing Address 1920 12th Street Unit 2		M = M / D = D / Y = Y = Y
City	State Zip Code	08 12 2015 Transaction ID : SA11AI.5111
Washington	DC 20009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	280.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1305.35	
Full Name (Last, First, Middle Initial) C. Jonathan Heafitz		Date of Receipt
Mailing Address 2704 Emmet Road		08 12 2015
City	State Zip Code	Transaction ID : SA11AI.5112
Silver Spring	MD 20902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	175.00
Name of Employer	Occupation	
РСМА	Sr Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	325.00	
SUBTOTAL of Receipts This Page (optional)		724.22
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	8	OF	11	
(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) Greg Johnson		Date of Receipt
Mailing Address 16213 Oak Meadow Drive		08 12 2015
City	State Zip Code	Transaction ID : SA11AI.5113
Derwood	MD 20855	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	140.00
Name of Employer	Occupation	
PCMA	Director Federal Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) 3. Barbara Levy		Date of Receipt
Mailing Address 522 N.Alfred Street		08 12 2015
City	State Zip Code	Transaction ID : SA11AI.5114
Alexandria	VA 22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	140.00
Name of Employer	Occupation	
PCMA	Assist VP State Affairs and GC	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	Aggregate real to bate \$	
Other (specify) ▼	260.00	
Full Name (Last, First, Middle Initial) C. Brian McCarthy		Date of Receipt
Mailing Address 1922 37th Street		08 12 2015
City	State Zip Code	Transaction ID : SA11AI.5116
Washington	DC 20007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1278.86
Name of Employer	Occupation	
PCMA	Assist VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	gg. ogato 10th to 2tho V	
Other (specify) ▼	2903.86	
SUBTOTAL of Receipts This Page (optional)		1558.86
TOTAL This Period (last page this line numb	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:				PAGE	9	OF	11	
(check only one)								
	>	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	ng the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MA	NAGEMENT ASSOCIATION POLITICAL A	ACTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) A. Jerry Steiffl		Date of Receipt
Mailing Address 1401 North Oad St #990		08 12 2015
City	State Zip Code	Transaction ID : SA11AI.5118
Arlington	VA 22209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	-96.15
Name of Employer	Occupation	
Pharmaceutical Care Mgmt Assoc	VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1153.80	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	
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.	С	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (option	al)	-96.15
	<u> </u>	1000.10
TOTAL This Period (last page this line null	mber only)	4093.10

	1	. FOR LINE	NUMBER: PAGE 10 OF 11
TEMIZED DISBURSEMENTS	Use separate schedule for each category of th Detailed Summary Pag	(check only	
Any information copied from such Reports and Staten or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM			
Full Name (Last, First, Middle Initial)			
A. KEVIN BRADY			Date of Disbursement
Mailing Address PO BOX 8277			07 15 2015
City S THE WOODLANDS	State Zip Code TX 77387		Transaction ID : SB23.5093
Purpose of Disbursement	.,,,,,,		Amount of Each Disbursement this Period
Candidate Name		Category/ Type	1000.00
Senate President	nent For: 2016 Primary Genera Other (specify)		
State: TX District: 08 Full Name (Last, First, Middle Initial)			
3. WALDEN FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 1091			07 30 2015
HOOD RIVER	State Zip Code OR 97031		Transaction ID : SB23.5097
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name GREGORY P MR. WALDEN		Category/ Type	250.00
Senate President	nent For: 2016 Primary ☐ Genera Other (specify) ▼	ıl	
State: OR District: 02 Full Name (Last, First, Middle Initial) MIMI WALTERS			Date of Disbursement
WIIWII WALLERO			M M / D D / Y Y Y Y
Mailing Address C/O 8001 IRVINE CENTER DRIVE	#400		07 30 2015
City	#400 State Zip Code CA 92618		7 30 2015 Transaction ID : SB23.5100
City SIRVINE	State Zip Code	Category/	
City IRVINE Purpose of Disbursement Candidate Name Office Sought: House Senate President Disbursen	State Zip Code	Type	Transaction ID : SB23.5100 Amount of Each Disbursement this Period
City IRVINE Purpose of Disbursement Candidate Name Office Sought: House Senate President Disbursen	State Zip Code CA 92618 nent For: 2016 Primary Genera Other (specify)	Type l	Transaction ID: SB23.5100 Amount of Each Disbursement this Period

CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 11 OF 11
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	NOMBER:
		21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30
any information copied from such Reports and Statem			
r for commercial purposes, other than using the nam	e and address of any political	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
PHARMACEUTICAL CARE MANAGEM	ENT ASSOCIATION PO	OLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial)		-	
BRAD DR. WENSTRUP			Date of Disbursement
DIAD DIL WENSTRUF			M M / D D / Y Y Y Y
Mailing Address 512 MISSOURI AVENUE			09 09 2015
•	tate Zip Code		Transaction ID : SB23.5102
	OH 45226		
Purpose of Disbursement		I	Amount of Each Disbursement this Period
Candidate Name			, and an each biobarsement this relied
		Category/ Type	500.00
Office Sought:	nent For: 2016	.,,,,	
	Primary General		
President	Other (specify) ▼		
State: OH District: 02			
Full Name (Last, First, Middle Initial)			
•			Date of Disbursement
Martin Addison			M = M / D = D / Y = Y = Y
Mailing Address			
City	tate Zip Code		
- ,	p		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
Office Sought: House Disbursem	pont For:	Туре	
	ent For: Primary General		
	Other (specify)		
State: District:	√1 - 3/ ∀		
Full Name (Last, First, Middle Initial)			
•			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	tate Zip Code		
Спу	лак ир соде		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Туре	
Office Sought: House Disbursem			
	Primary General		
State: President State:	Other (specify) ▼		
Otato. District.			
SUBTOTAL of Disbursements This Page (optional)			500.00
——————————————————————————————————————		······	