Image# 12970787652 PAGE 1 / 10

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Us	e Only	
1.	NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M	5		
Р	HARMACEUTICAL (CARE MANA	AGEMENT /	ASSOCIAT	ION POLIT	ICAL ACTI	ON COM	MITTEE (PCMA	PAC)
L										
ΑD	DRESS (number and stree	et) 601 PE	NNSYLVANIA	AVENUE NW	STE 740					
	Check if different than previously reported. (ACC)	WASH	NGTON				DC	20004		
2.	FEC IDENTIFICATION	N NUMBER T		CITY ▲		S	STATE 🛦	:	ZIP COI	DE 🛦
	C C00388819			3. IS THIS REPORT		NEW N) OR	\ /	AMENDED A)		
4.	TYPE OF REPORT (Choose One)	Re	onthly eport e On:	Feb 20 (M2)		May 20 (M5) Jun 20 (M6)		g 20 (M8) p 20 (M9)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
	(a) Quarterly Reports: April 15			Apr 20 (M4)		Jul 20 (M7)	Oc	et 20 (M10)		Year Only) Jan 31 (YE)
	Quarterly Report (Q1) July 15 Quarterly Report (Q2)		12-Day PRE-Electio Report for the		Primary (12F		Genera Specia	al (12G)		Runoff (12R)
	October 15 Quarterly Repo				M M /		, ,		in the	
	Year-End Report (Non-e Year Only) (M	ear (d)	30-Day POST-Electi	ion	General (300	G)	Runoff	(30R)	State of	Special (30S)
	Termination Re (TER)		Report for the	he: Election on	M = M /	D D /	YYYY	Y	in the State of	
5.	Covering Period			011	through	M M M	/ D D D 30	/ Y Y 201	1 <u>1</u>	
l ce	ertify that I have examine	ed this Report	and to the be	est of my kno	wledge and I	belief it is true	e, correct a	nd complet	е.	
Тур	oe or Print Name of Trea	surer Jonath	an Heafitz							
Sig	nature of Treasurer	Jonathan Heafitz —			[Electronically	y Filed] Da	ate 03	M / D 21	D /	2012
NO	TE: Submission of false,	erroneous, or in	complete infor	mation may su	bject the pers	son signing th	is Report to	the penaltie	s of 2 U	I.S.C. §437g.
	Office Use Only								FOR lev. 12/20	

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
6.	(a) Cash on Hand January 1, 2011		13220.72
	(b) Cash on Hand at Beginning of Reporting Period	12720.72	
	(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)	20154.54	55654.54
7.	Total Disbursements (from Line 31)	6250.00	41750.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13904.54	13904.54
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY 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)

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

I. Receipts	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) Uniternized	0.00	0.00
(iii) TOTAL (add	6422.02	11433.82
Lines 11(a)(i) and (ii)▶	6433.82	11433.02
(b) 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			
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calcillati Teat-10-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(II) 11 - 1 - 1 - 1 - 1	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	0.00	0.00			
Expenditures(c) Total Operating Expenditures	0.00	0.00			
(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	41750.00			
Independent Expenditures	0.00	0.00			
(use Schedule E)	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(use solieudie F)	7 7 7	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	0.00	0.00			
4.1. 2. 11. 1. 2. 11.	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees (such as PACs)	0.00	0.00			
(3001 03 1703)	, , , ,				
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	0.00			
_					
Other Disbursements	0.00	0.00			
F					
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	0.00	0.00			
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	41750.00			
-, ,,,,,,,,,	7	71730.00			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	6250.00	41750.00			

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

_	R LINE			:	PAGE	6	OF	10
(ch	eck only	or	ıe)					
>	11a		11b		11c	12		
	13		14		15	16		17

NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MAN.	AGEMENT ASSOCIATION POLITICAL	ACTION COMMITTEE (PCMA PAC)			
Full Name (Last, First, Middle Initial) Kristin Bass Mailing Address 812 N. Jackson Street	Kristin Bass				
City	State Zip Code	09 22 2011 Transaction ID : \$44141 4020			
Arlington	VA 22201	Transaction ID : SA11AI.4930 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	, , , , , , , , , , , , , , , , , , , ,				
Mailing Address 2804 9th Street S		M M / D D / Y Y Y Y Y			
City	State Zip Code	09 22 2011 Transaction ID : SA11AI.4931			
Arlington	VA 22204	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	680.00			
Name of Employer	Occupation				
PCMA	Policy Analyst				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00				
Full Name (Last, First, Middle Initial) Jonathan Heafitz		Date of Receipt			
Mailing Address 2704 Emmet Road		09 22 _2011 _			
City Silver Spring	State Zip Code MD 20902	Transaction ID : SA11AI.4932 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	255.00			
Name of Employer	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)	<u> </u>	4204.27			

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

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

FOR	LINE N	NUMBER	1:	PAGE	7	OF	10
(checl	k only	one)					
X	11a	11b		11c	12		
1	13	14		15	16		17

NAME OF COMMITTEE (In Full) PHARMACELITICAL CARE MAN	IAGEMENT ASSOCIATION POLITICAL	ACTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial)	AGLIVILINI AGGOCIATION FOLITICAL	
Barbara Levy		Date of Receipt
Mailing Address 522 N.Alfred Street		09 22 2011
City	State Zip Code	Transaction ID : SA11AI.4933
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 ▼	
Primary General Other (specify) ▼	340.00	
Full Name (Last, First, Middle Initial) Brian McCarthy	Date of Receipt	
Mailing Address 1922 37th Street		M = M / D = D / Y = Y = Y
City	State Zip Code	09 22 2011
Washington	DC 20007	Transaction ID : SA11AI.4934 Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	255.00
Name of Employer	Occupation	\dashv
PCMA	Assist VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	255.00	
Full Name (Last, First, Middle Initial) Jerry Steffl		Date of Receipt
Mailing Address 1220 N Nash Street #1142		09 22 2011
City	State Zip Code VA 22209	Transaction ID : SA11AI.4935
Arlington	VA 22209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1634.55
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	1634.55	
Other (specify) ▼	1034.55	
SUBTOTAL of Receipts This Page (optional) >	2229.55

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	_	R LINE			:	PAGE		8	OF	10
Use separate schedule(s) for each category of the	(che	ck only	or	ne)		1				
Detailed Summary Page		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. SCOTT BROWN FOR US SENATE C	COMMITTEE INC	Date of Receipt
Mailing Address P.O. BOX 395		09 22 2011
City	State Zip Code	Transaction ID : SA16.4928
WRENTHAM	MA 02903	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C00467233	1000.00
Name of Employer	Occupation	
Receipt For: 2012 ✓ Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) 3.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		1000.00
TOTAL This Period (last page this line number	only)	1000.00

SCHEDULE B (FEC Form 3X)	11	, FOR LINE	NUMBER: PAGE 9 OF 10
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	oncok only	7 one) 22
Any information copied from such Reports and State or for commercial purposes, other than using the nai			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM			
Full Name (Last, First, Middle Initial)			
A. ANTHONY J BARR			Date of Disbursement
Mailing Address 142 OVERLAND PASS PO BOX 498			09 23 2011
City CLAYSBURG	State Zip Code PA 16625		Transaction ID : SB23.4917
Purpose of Disbursement	10023		
·			Amount of Each Disbursement this Period
Candidate Name	NO.	Category/	250.00
ANDY BARR FOR CONGRESS, II Office Sought: House Disburse	NC. ment For: 2012	Туре	250.00
Senate President	Primary General Other (specify)		
State: KY District: 06			
Full Name (Last, First, Middle Initial) 3. SCOTT P BROWN			Date of Disbursement
Mailing Address To HAYDENINGODS			M M / D D / Y Y Y Y
Mailing Address 70 HAYDEN WOODS			09 12 2011
City WRENTHAM	State Zip Code MA 02093		Transaction ID : SB23.4911
Purpose of Disbursement	WA 02093		
			Amount of Each Disbursement this Period
Candidate Name SCOTT BROWN FOR US SENATE		Category/	1000.00
	ment For: 2012	Type	7
Senate	Primary Seneral		
President	Other (specify) ▼		
State: MA District: 00			
Full Name (Last, First, Middle Initial)			
MITCH MCCONNELL			Date of Disbursement
Mailing Address 2318 DUNDEE ROAD			09 14 2011
City LOUISVILLE	State Zip Code KY 40205		Transaction ID : SB23.4914
Purpose of Disbursement	40200		
			Amount of Each Disbursement this Period
Candidate Name	Category/	1500.00	
MCCONNELL SENATE COMMIT		Туре	1300.00
Senate President	ment 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	·)		

SCHEDULE B (FEC Form 3X)	Llan congrete cohectile/	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	e Concor only	one) 22 X 23 24 25 26 28a 28b 28c 29 30
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)			Data of Diahuraa
A. MIKE REP. MCINTYRE			Date of Disbursement
Mailing Address 1701 NORTH CHESTNUT ST.			07 26 2011
•	State Zip Code		Transaction ID : SB23.4908
LUMBERTON Purpose of Disbursement	NC 28358		
Tarpose of Disbarsoment			Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
MCINTYRE FOR CONGRESS		Type	500.00
Senate President	nent For: 2012 Primary General Other (specify) ▼		
State: TX District: 17			
Full Name (Last, First, Middle Initial) B. FRANK JR PALLONE			Date of Disbursement
			07 20 2011
Mailing Address 1187 OCEAN AVENUE .			01 20 2011
City S LONG BRANCH	State Zip Code NJ 07740		Transaction ID : SB23.4903
Purpose of Disbursement		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
PALLONE FOR CONGRESS Office Sought:	nent For: 2012	Туре	2550.00
Senate President	Primary General Other (specify)		
State: NJ District: 06 Full Name (Last, First, Middle Initial)			
C. STEVE MR. SCALISE			Date of Disbursement
Mailing Address 234 JEFFERSON HEIGHTS AVE.			07 12 2011
,	State Zip Code		Transaction ID : SB23.4900
JEFFERSON Purpose of Disbursement	LA 70121		
p			Amount of Each Disbursement this Period
Candidate Name		Category/	500.00
SCALISE FOR CONGRESS	want Fam	Type	500.00
Senate President	nent For: 2012 Primary General Other (specify)		
State: LA District: 01			
SUBTOTAL of Disbursements This Page (optional)		·····	3500.00
TOTAL This Period (last page this line number only)			6250.00