

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Pharmaceutical Care Management Association PAC

ADDRESS (number and street) 327 7th St. NW 9th Floor
Washington DC 20004
Check if different than previously reported. (ACC)

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, July 15, October 15, January 31 Year-End Report (YE), July 31 Mid-Year Report (MY), Termination Report (TER)
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 01 2021 through 12 31 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Heafitz, Jonathan, , ,
Type or Print Name of Treasurer

Signature of Treasurer Heafitz, Jonathan, , , [Electronically Filed] Date 01 31 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Pharmaceutical Care Management Association PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2021"/>	<input type="text" value="28669.08"/>	<input type="text" value="28669.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7877.32"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="44223.48"/>	<input type="text" value="65431.72"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="52100.80"/>	<input type="text" value="94100.80"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="31298.85"/>	<input type="text" value="73298.85"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="20801.95"/>	<input type="text" value="20801.95"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

Pharmaceutical Care Management Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2021

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).....	33481.95	38651.65
(ii) Unitemized	741.00	1779.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	34222.95	40431.19
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	25000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	44222.95	65431.19
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.).....	0.53	0.53
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 Transfers (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)).....▶	44223.48	65431.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	44223.48	65431.72

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	298.85	298.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	298.85	298.85
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	31000.00	73000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31298.85	73298.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31298.85	73298.85

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	44222.95	65431.19
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	44222.95	65431.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	298.85	298.85
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	298.85	298.85

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Alexander, April, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 498 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006141
 Amount of Each Receipt this Period 60.00
 Memo Item

B. Alexander, April, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 498 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006142
 Amount of Each Receipt this Period 60.00
 Memo Item

C. Alexander, April, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 498 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006143
 Amount of Each Receipt this Period 60.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	180.00
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: (check only one)	PAGE 7 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Bradham, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 203.00

Date of Receipt 10 / 22 / 2021
Transaction ID : A2021-2214134
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Bradham, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 11 / 05 / 2021
Transaction ID : A2021-2373957
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Bradham, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 227.00

Date of Receipt 11 / 19 / 2021
Transaction ID : A2021-2497219
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
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: (check only one)	PAGE 8 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Bradham, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 239.00

Date of Receipt
 12 / 03 / 2021
Transaction ID : A2021-2689317
 Amount of Each Receipt this Period 12.00
 Memo Item

B. Bradham, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 251.00

Date of Receipt
 12 / 17 / 2021
Transaction ID : A2021-2724939
 Amount of Each Receipt this Period 12.00
 Memo Item

C. Bradham, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR DIR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 263.00

Date of Receipt
 12 / 31 / 2021
Transaction ID : A2021-2755891
 Amount of Each Receipt this Period 12.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	36.00
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: (check only one)	PAGE 9 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Cascone, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006049
 Amount of Each Receipt this Period 96.15
 Memo Item

B. Cascone, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006050
 Amount of Each Receipt this Period 96.15
 Memo Item

C. Cascone, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006051
 Amount of Each Receipt this Period 96.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	288.45
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: (check only one)	PAGE 10 OF 83
<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

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Cascone, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006047
 Amount of Each Receipt this Period
 96.15
 Memo Item

B. Cascone, Heather, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006048
 Amount of Each Receipt this Period
 96.15
 Memo Item

C. Chambers, Glen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2014442
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5192.30
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: (check only one)	PAGE 11 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 02 / 2021
Transaction ID : A2021-2006035
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006029
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006030
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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: (check only one)	PAGE 12 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006031
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006032
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006033
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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: (check only one)	PAGE 13 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006034
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 07 / 16 / 2021
Transaction ID : A2021-2006036
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 30 / 2021
Transaction ID : A2021-2006037
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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: (check only one)	PAGE 14 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt
 08 / 13 / 2021
Transaction ID : A2021-2006038
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt
 08 / 27 / 2021
Transaction ID : A2021-2006039
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 09 / 10 / 2021
Transaction ID : A2021-2006040
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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: (check only one)	PAGE 15 OF 83
	<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 PAC

A. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2021
Transaction ID : A2021-2014453
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2021
Transaction ID : A2021-2214125
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2021
Transaction ID : A2021-2214139
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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: (check only one)	PAGE 16 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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 PAC

A. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 11 / 05 / 2021
Transaction ID : A2021-2373962
 Amount of Each Receipt this Period 40.00
 Memo Item

B. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 11 / 19 / 2021
Transaction ID : A2021-2497224
 Amount of Each Receipt this Period 40.00
 Memo Item

C. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 03 / 2021
Transaction ID : A2021-2689322
 Amount of Each Receipt this Period 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
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: (check only one)	PAGE 17 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2021
Transaction ID : A2021-2724944
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. Dube, Timothy, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : A2021-2755896
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Fleming, William, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14319 Rose Wycombe Rd
 City Prospect State KY Zip Code 40059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Humana, Inc Occupation (for Individual) President, Pharmacy Solutions
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 12 / 2021
Transaction ID : A2021-2214113
 Amount of Each Receipt this Period
 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5080.00
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: (check only one)	PAGE 18 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006011
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006012
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006013
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 19 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006014
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006015
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006016
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 20 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 16 / 2021**
Transaction ID : A2021-2006018
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 30 / 2021**
Transaction ID : A2021-2006019
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **08 / 13 / 2021**
Transaction ID : A2021-2006020
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 21 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 27 / 2021
Transaction ID : A2021-2006021
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 10 / 2021
Transaction ID : A2021-2006022
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 24 / 2021
Transaction ID : A2021-2014452
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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: (check only one)	PAGE 22 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 08 / 2021
Transaction ID : A2021-2214124
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 22 / 2021
Transaction ID : A2021-2214138
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 05 / 2021
Transaction ID : A2021-2373961
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 23 OF 83
(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.

NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 19 / 2021
Transaction ID : A2021-2497223
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 03 / 2021
Transaction ID : A2021-2689321
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 17 / 2021
Transaction ID : A2021-2724943
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
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 24 OF 83
	(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"/> 12
		<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 PAC

A. Frost, Amanda, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : A2021-275895
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2021
Transaction ID : A2021-2006118
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006112
 Amount of Each Receipt this Period
 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	80.00
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: (check only one)	PAGE 25 OF 83
	<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 PAC

A. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006113
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006114
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006115
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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: (check only one)	PAGE 26 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 PAC

A. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006116
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2006117
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 16 / 2021
Transaction ID : A2021-2006119
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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: (check only one)	PAGE 27 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt **07 / 30 / 2021**
Transaction ID : A2021-2006120
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00

Date of Receipt **08 / 13 / 2021**
Transaction ID : A2021-2006121
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 510.00

Date of Receipt **08 / 27 / 2021**
Transaction ID : A2021-2006122
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 90.00
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: (check only one)	PAGE 28 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00

Date of Receipt
 09 / 10 / 2021
Transaction ID : A2021-2006123
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 570.00

Date of Receipt
 09 / 24 / 2021
Transaction ID : A2021-2014457
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 10 / 08 / 2021
Transaction ID : A2021-2214128
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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: (check only one)	PAGE 29 OF 83
<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

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 630.00

Date of Receipt **10 / 22 / 2021**
Transaction ID : A2021-2214142
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 660.00

Date of Receipt **11 / 05 / 2021**
Transaction ID : A2021-2373965
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 690.00

Date of Receipt **11 / 19 / 2021**
Transaction ID : A2021-2497227
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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: (check only one)	PAGE 30 OF 83
<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

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00

Date of Receipt 12 / 03 / 2021
Transaction ID : A2021-2689325
 Amount of Each Receipt this Period 30.00
 Memo Item

B. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 17 / 2021
Transaction ID : A2021-2724947
 Amount of Each Receipt this Period 30.00
 Memo Item

C. Hallemeier, Samuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00

Date of Receipt 12 / 31 / 2021
Transaction ID : A2021-2755899
 Amount of Each Receipt this Period 30.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	90.00
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: (check only one)	PAGE 31 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Head, William, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) AVP
-----------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2021

Transaction ID : A2021-2006065

Amount of Each Receipt this Period
15.00

Memo Item

B. Head, William, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) AVP
-----------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2021

Transaction ID : A2021-2006066

Amount of Each Receipt this Period
15.00

Memo Item

C. Head, William, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) AVP
-----------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2021

Transaction ID : A2021-2006067

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
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: (check only one)	PAGE 32 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Head, William, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) AVP
-----------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2021

Transaction ID : A2021-2006068

Amount of Each Receipt this Period
15.00

Memo Item

B. Head, William, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) AVP
-----------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2021

Transaction ID : A2021-2006069

Amount of Each Receipt this Period
15.00

Memo Item

C. Head, William, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) AVP
-----------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2021

Transaction ID : A2021-2014454

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
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: (check only one)	PAGE 33 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 PAC

A. Head, William, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 08 / 2021
Transaction ID : A2021-2214126
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Head, William, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 22 / 2021
Transaction ID : A2021-2214140
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Head, William, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 05 / 2021
Transaction ID : A2021-2373963
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
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: (check only one)	PAGE 34 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Head, William, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) AVP
-----------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
345.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2021

Transaction ID : A2021-2497225

Amount of Each Receipt this Period
15.00

Memo Item

B. Head, William, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) AVP
-----------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2021

Transaction ID : A2021-2689323

Amount of Each Receipt this Period
15.00

Memo Item

C. Head, William, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) AVP
-----------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2021

Transaction ID : A2021-2724945

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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: (check only one)	PAGE 35 OF 83
<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

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Head, William, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) AVP
-----------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2021

Transaction ID : A2021-275897

Amount of Each Receipt this Period
15.00

Memo Item

B. Kamal, Mostafa, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77 Water St Ste 811

City New York	State NY	Zip Code 07960
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Magellan Rx Management	Occupation (for Individual) CEO
-------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2021

Transaction ID : A2021-2029023

Amount of Each Receipt this Period
5000.00

Memo Item

C. Mack, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
-----------------------------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
202.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2021

Transaction ID : A2021-2006100

Amount of Each Receipt this Period
28.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5043.86
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: (check only one)	PAGE 36 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Mack, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006094
 Amount of Each Receipt this Period
 28.86
 Memo Item

B. Mack, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006095
 Amount of Each Receipt this Period
 28.86
 Memo Item

C. Mack, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006096
 Amount of Each Receipt this Period
 28.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	86.58
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: (check only one)	PAGE 37 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Mack, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.18

Date of Receipt
 07 / 15 / 2021
Transaction ID : A2021-2006097
 Amount of Each Receipt this Period 28.86
 Memo Item

B. Mack, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.18

Date of Receipt
 07 / 15 / 2021
Transaction ID : A2021-2006098
 Amount of Each Receipt this Period 28.86
 Memo Item

C. Mack, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 375.18

Date of Receipt
 07 / 15 / 2021
Transaction ID : A2021-2006099
 Amount of Each Receipt this Period 28.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	86.58
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: (check only one)	PAGE 38 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Mack, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 404.04

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2021
Transaction ID : A2021-2006101
 Amount of Each Receipt this Period
 28.86
 Memo Item

B. Mack, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 432.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2021
Transaction ID : A2021-2006102
 Amount of Each Receipt this Period
 28.86
 Memo Item

C. Mack, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 461.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2021
Transaction ID : A2021-2006103
 Amount of Each Receipt this Period
 28.86
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	86.58
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: (check only one)	PAGE 39 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Mack, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
-----------------------------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
490.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	27	/	2021

Transaction ID : A2021-2006104

Amount of Each Receipt this Period
28.86

Memo Item

B. Mack, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
-----------------------------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
519.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	10	/	2021

Transaction ID : A2021-2006105

Amount of Each Receipt this Period
28.86

Memo Item

C. Mack, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
-----------------------------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
548.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2021

Transaction ID : A2021-2014456

Amount of Each Receipt this Period
28.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....	86.58
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: (check only one)	PAGE 40 OF 83
<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

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Mack, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
-----------------------------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
577.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2021

Transaction ID : A2021-2214127

Amount of Each Receipt this Period
28.86

Memo Item

B. Mack, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
-----------------------------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
606.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2021

Transaction ID : A2021-2214141

Amount of Each Receipt this Period
28.86

Memo Item

C. Mack, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
-----------------------------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
634.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2021

Transaction ID : A2021-2373964

Amount of Each Receipt this Period
28.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....	86.58
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: (check only one)	PAGE 41 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Mack, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
-----------------------------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
663.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2021

Transaction ID : A2021-2497226

Amount of Each Receipt this Period
28.86

Memo Item

B. Mack, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
-----------------------------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2021

Transaction ID : A2021-2689324

Amount of Each Receipt this Period
28.86

Memo Item

C. Mack, Michelle, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
-----------------------------------------------------------------------------	-----------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
721.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2021

Transaction ID : A2021-2724946

Amount of Each Receipt this Period
28.86

Memo Item

SUBTOTAL of Receipts This Page (optional).....	86.58
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: (check only one)	PAGE 42 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Mack, Michelle, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : A2021-275898
 Amount of Each Receipt this Period
 28.86
 Memo Item

B. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 02 / 2021
Transaction ID : A2021-2005898
 Amount of Each Receipt this Period
 192.30
 Memo Item

C. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2005892
 Amount of Each Receipt this Period
 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	413.46
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: (check only one)	PAGE 43 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2005893
 Amount of Each Receipt this Period
 192.30
 Memo Item

B. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2005894
 Amount of Each Receipt this Period
 192.30
 Memo Item

C. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2005895
 Amount of Each Receipt this Period
 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
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: (check only one)	PAGE 44 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005896
 Amount of Each Receipt this Period 192.30
 Memo Item

B. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005897
 Amount of Each Receipt this Period 192.30
 Memo Item

C. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 07 / 16 / 2021
Transaction ID : A2021-2005899
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
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: (check only one)	PAGE 45 OF 83
<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

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 30 / 2021
Transaction ID : A2021-2005900
 Amount of Each Receipt this Period 192.30
 Memo Item

B. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt 08 / 13 / 2021
Transaction ID : A2021-2005901
 Amount of Each Receipt this Period 192.30
 Memo Item

C. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 27 / 2021
Transaction ID : A2021-2005902
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
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: (check only one)	PAGE 46 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 09 / 10 / 2021
Transaction ID : A2021-2005903
 Amount of Each Receipt this Period 192.30
 Memo Item

B. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 24 / 2021
Transaction ID : A2021-2014446
 Amount of Each Receipt this Period 192.30
 Memo Item

C. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 08 / 2021
Transaction ID : A2021-2214118
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
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: (check only one)	PAGE 47 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4038.30

Date of Receipt **10 / 22 / 2021**
Transaction ID : A2021-2214132
 Amount of Each Receipt this Period 192.30
 Memo Item

B. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4230.60

Date of Receipt **11 / 05 / 2021**
Transaction ID : A2021-2373955
 Amount of Each Receipt this Period 192.30
 Memo Item

C. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4422.90

Date of Receipt **11 / 19 / 2021**
Transaction ID : A2021-2497217
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
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: (check only one)	PAGE 48 OF 83
<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

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4615.20

Date of Receipt 12 / 03 / 2021
Transaction ID : A2021-2689315
 Amount of Each Receipt this Period 192.30
 Memo Item

B. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4807.50

Date of Receipt 12 / 17 / 2021
Transaction ID : A2021-2724937
 Amount of Each Receipt this Period 192.30
 Memo Item

C. McCarthy, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2021
Transaction ID : A2021-2755889
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
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 49 OF 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005946
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005947
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005948
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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: (check only one)	PAGE 50 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005949
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005950
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005951
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 51 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **07 / 16 / 2021**
Transaction ID : A2021-2005953
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 30 / 2021**
Transaction ID : A2021-2005954
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt **08 / 13 / 2021**
Transaction ID : A2021-2005955
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 60.00
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 52 OF 83
	(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"/> 12
		<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 PAC

A. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt
 08 / 27 / 2021
Transaction ID : A2021-2005956
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 09 / 10 / 2021
Transaction ID : A2021-2005957
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 09 / 24 / 2021
Transaction ID : A2021-2014449
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 53 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 08 / 2021
Transaction ID : A2021-2214121
 Amount of Each Receipt this Period 20.00
 Memo Item

B. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 22 / 2021
Transaction ID : A2021-2214135
 Amount of Each Receipt this Period 20.00
 Memo Item

C. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 05 / 2021
Transaction ID : A2021-2373958
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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 54 OF 83
	(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"/> 12
		<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 PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Murphy, Katherine, C, ,

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) AVP
-----------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
460.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2021

Transaction ID : A2021-2497220

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Murphy, Katherine, C, ,

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) AVP
-----------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	03	/	2021

Transaction ID : A2021-2689318

Amount of Each Receipt this Period
20.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Murphy, Katherine, C, ,

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) AVP
-----------------------------------------------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	17	/	2021

Transaction ID : A2021-2724940

Amount of Each Receipt this Period
20.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	60.00
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: (check only one)	PAGE 55 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Murphy, Katherine, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : A2021-275892
 Amount of Each Receipt this Period
 20.00
 Memo Item

B. Rowley, Lauren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SVP STATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2005982
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Rowley, Lauren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SVP STATE
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2005983
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	320.00
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: (check only one)	PAGE 56 OF 83
<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 PAC

A. Rowley, Lauren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SVP STATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2005984
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. Rowley, Lauren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SVP STATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2005985
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Rowley, Lauren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SVP STATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2005986
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
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: (check only one)	PAGE 57 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt **07 / 02 / 2021**
Transaction ID : A2021-2005999
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **07 / 15 / 2021**
Transaction ID : A2021-2005993
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **07 / 15 / 2021**
Transaction ID : A2021-2005994
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
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 58 OF 83
	(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

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 PAC

A. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005995
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005996
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005997
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.90
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 59 OF 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005998
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 07 / 16 / 2021
Transaction ID : A2021-2006000
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 30 / 2021
Transaction ID : A2021-2006001
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.90
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: (check only one)	PAGE 60 OF 83
<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

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt 08 / 13 / 2021
Transaction ID : A2021-2006002
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 27 / 2021
Transaction ID : A2021-2006003
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 09 / 10 / 2021
Transaction ID : A2021-2006004
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
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: (check only one)	PAGE 61 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 24 / 2021
Transaction ID : A2021-2014451
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 10 / 08 / 2021
Transaction ID : A2021-2214123
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 22 / 2021
Transaction ID : A2021-2214137
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
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: (check only one)	PAGE 62 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4230.60

Date of Receipt 11 / 05 / 2021
Transaction ID : A2021-2373960
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4422.90

Date of Receipt 11 / 19 / 2021
Transaction ID : A2021-2497222
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4615.20

Date of Receipt 12 / 03 / 2021
Transaction ID : A2021-2689320
 Amount of Each Receipt this Period 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.90
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 63 OF 83
	(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"/> 12
		<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 PAC

A. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4807.50

Date of Receipt 12 / 17 / 2021
Transaction ID : A2021-2724942
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Scott, Juan, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4999.80

Date of Receipt 12 / 31 / 2021
Transaction ID : A2021-2755894
 Amount of Each Receipt this Period 192.30
 Memo Item

C. Shrader, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005964
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	409.60
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: (check only one)	PAGE 64 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<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 PAC

A. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005965
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005966
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005967
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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: (check only one)	PAGE 65 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 PAC

A. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005968
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 07 / 15 / 2021
Transaction ID : A2021-2005969
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 16 / 2021
Transaction ID : A2021-2005971
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 66 OF 83
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 30 / 2021
Transaction ID : A2021-2005972
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 13 / 2021
Transaction ID : A2021-2005973
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 27 / 2021
Transaction ID : A2021-2005974
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
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: (check only one)	PAGE 67 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2021
Transaction ID : A2021-2005975
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 24 / 2021
Transaction ID : A2021-2014450
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2021
Transaction ID : A2021-2214122
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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: (check only one)	PAGE 68 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2021
Transaction ID : A2021-2214136
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 05 / 2021
Transaction ID : A2021-2373959
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 19 / 2021
Transaction ID : A2021-2497221
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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: (check only one)	PAGE 69 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 03 / 2021
Transaction ID : A2021-2689319
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2021
Transaction ID : A2021-2724941
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Shradr, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2021
Transaction ID : A2021-2755893
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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: (check only one)	PAGE 70 OF 83
<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

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Wentworth, Tim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 Parsons Pond Dr
 City Franklin State NJ Zip Code 07417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Express Scripts Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 25 / 2021
Transaction ID : A2021-2143300
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Wiles, Jocelyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 13 / 2021
Transaction ID : A2021-2214114
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 02 / 2021
Transaction ID : A2021-2006082
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5300.00
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: (check only one)	PAGE 71 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) VP
-----------------------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006076

Amount of Each Receipt this Period
50.00

Memo Item

B. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) VP
-----------------------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006077

Amount of Each Receipt this Period
50.00

Memo Item

C. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) VP
-----------------------------------------------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006078

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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: (check only one)	PAGE 72 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006079
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006080
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2021
Transaction ID : A2021-2006081
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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: (check only one)	PAGE 73 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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 PAC

A. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2021
Transaction ID : A2021-2006083
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 30 / 2021
Transaction ID : A2021-2006084
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 13 / 2021
Transaction ID : A2021-2006085
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
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: (check only one)	PAGE 74 OF 83
	<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	

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NAME OF COMMITTEE (In Full)
Pharmaceutical Care Management Association PAC

A. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 08 / 27 / 2021
Transaction ID : A2021-2006086
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 09 / 10 / 2021
Transaction ID : A2021-2006087
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 325 7th St NW 9th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt
 09 / 24 / 2021
Transaction ID : A2021-2014455
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	33481.95

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 83
<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 PAC

A. Humana Inc. Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 975 F St NW Ste 520

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00271007

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2021

Transaction ID : A2021-18856

Amount of Each Receipt this Period
5000.00

Memo Item
Federal PAC

B. UnitedHealth Group Incorporated PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 701 Pennsylvania Ave. NW Suite 200

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		05		2021

Transaction ID : A2021-18930

Amount of Each Receipt this Period
5000.00

Memo Item
Federal PAC

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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 PAC

Full Name (Last, First, Middle Initial)

A. PayPal Inc.

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement
Credit Card Processing Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2021
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2021

FEC Identification Number

C

Transaction ID : B797338

Amount of Each Disbursement this Period

290.60

Memo Item

Full Name (Last, First, Middle Initial)

B. PayPal Inc.

Mailing Address P.O. Box 7022

City Mountain View State CA Zip Code 94039

Purpose of Disbursement
Credit Card Processing Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2021
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 13 / 2021

FEC Identification Number

C

Transaction ID : B799990

Amount of Each Disbursement this Period

7.72

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

298.32

298.32

**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"/> 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 PAC

Full Name (Last, First, Middle Initial) A. Angie Craig for Congress		Date of Disbursement MM / DD / YYYY 08 / 31 / 2021
Mailing Address PO Box 22116		FEC Identification Number C00575209 Transaction ID : B796058
City Eagan	State MN	Zip Code 55122
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Craig, Angie, , ,		Amount of Each Disbursement this Period 2500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 02	

Full Name (Last, First, Middle Initial) B. Friends of John Thune		Date of Disbursement MM / DD / YYYY 08 / 31 / 2021
Mailing Address PO Box 841		FEC Identification Number C00409581 Transaction ID : B796059
City Sioux Falls	State SD	Zip Code 57101
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Thune, John, , ,		Amount of Each Disbursement this Period 2500.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: SD	District:	

Full Name (Last, First, Middle Initial) C. Friends of Mike Lee		Date of Disbursement MM / DD / YYYY 08 / 31 / 2021
Mailing Address PO Box 1537		FEC Identification Number C00473827 Transaction ID : B796060
City Salt Lake City	State UT	Zip Code 84110
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Lee, Mike, , ,		Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: UT	District:	

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6500.00

**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"/> 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 PAC

Full Name (Last, First, Middle Initial)

A. Pallone for Congree

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Pallone, Frank, , , Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2021

FEC Identification Number

C C00226928

Transaction ID : B796061

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Brian Fitzpatrick for All of Us

Mailing Address P.O. Box 939

City
Langhorne

State
PA

Zip Code
19047

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Fitzpatrick, Brian, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: PA District: 01

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2021

FEC Identification Number

C C00607416

Transaction ID : B797001

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Curtis for Congress

Mailing Address 370 East South Temple, Suite 580

City
Salt Lake City

State
UT

Zip Code
84111

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Curtis, John, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: UT District: 03

Date of Disbursement

MM / DD / YYYY
09 / 27 / 2021

FEC Identification Number

C C00647339

Transaction ID : B797003

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

**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"/> 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 PAC

A. Garbarino for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 101

City Bayport State NY Zip Code 11705

Purpose of Disbursement Contribution
Candidate Name **Garbarino, Andrew, , ,**
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: NY District: 02

Date of Disbursement: 09 / 27 / 2021

FEC Identification Number: **C00729954**
Transaction ID : **B796998**
Amount of Each Disbursement this Period: 1500.00

Category/Type: 011

Memo Item

B. Johnson For Congress

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 906

City Marietta State OH Zip Code 45750

Purpose of Disbursement Contribution
Candidate Name **Johnson, Bill, , ,**
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: OH District: 06

Date of Disbursement: 09 / 27 / 2021

FEC Identification Number: **C00476820**
Transaction ID : **B797005**
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

C. Trey for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 421

City Jeffersonville State IN Zip Code 47130

Purpose of Disbursement Contribution
Candidate Name **Hollingsworth, Trey, , ,**
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: IN District: 09

Date of Disbursement: 09 / 27 / 2021

FEC Identification Number: **C00590463**
Transaction ID : **B796999**
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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"/> 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 PAC

A. Upton for All of Us

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement Contribution
Candidate Name Upton, Frederick, S, ,
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: MI District: 06

Date of Disbursement 09 / 27 / 2021

FEC Identification Number C00200584
Transaction ID : B797010
Amount of Each Disbursement this Period 2500.00

Category/Type 011

Memo Item

B. Victoria Spartz for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 505

City Noblesville State IN Zip Code 46061

Purpose of Disbursement Contribution
Candidate Name Spartz, Victoria, , ,
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: IN District: 05

Date of Disbursement 09 / 27 / 2021

FEC Identification Number C00737767
Transaction ID : B797007
Amount of Each Disbursement this Period 1000.00

Category/Type 011

Memo Item

C. Lisa Blunt Rochester for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 9767

City Wilmington State DE Zip Code 19809

Purpose of Disbursement Contribution
Candidate Name Blunt Rochester, Lisa, , ,
Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: DE District:

Date of Disbursement 09 / 28 / 2021

FEC Identification Number C00590778
Transaction ID : B798300
Amount of Each Disbursement this Period 1000.00

Category/Type 011

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4500.00

**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"/> 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 PAC

Full Name (Last, First, Middle Initial)

A. Velvet Hammer PAC

Mailing Address 1140 Third Street, NE/2nd Floor

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2021
 Primary General
 Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B798301

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Tom O'Halleran for Congress

Mailing Address PO Box 63992

City Phoenix State AZ Zip Code 85082

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

O'Halleran, Tom, , ,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify)

State: AZ District: 01

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B807433

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Dan Crenshaw for Congress

Mailing Address 439 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name

Crenshaw, Daniel, , ,

Office Sought: House Senate President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 02

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B808035

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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"/> 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 PAC

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Mailing Address 5827 Colfax Avenue

City Alexandria State VA Zip Code 22311

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Guthrie, Brett, , ,

Office Sought: House Senate President
State: KY District: 02

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2021

FEC Identification Number

C C00445023

Transaction ID : B808034

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Manchin for West Virginia

Mailing Address PO Box 15854

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Manchin, Joseph, , ,

Office Sought: House Senate President
State: WV District:

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2021

FEC Identification Number

C C00486563

Transaction ID : B808136

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Sinema for Arizona

Mailing Address PO Box 15854

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011
Category/Type

Candidate Name
Sinema, Kyrsten, , ,

Office Sought: House Senate President
State: AZ District:

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 17 / 2021

FEC Identification Number

C C00508804

Transaction ID : B808040

Amount of Each Disbursement this Period

400.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4400.00

**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"/> 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 PAC

A. Sinema for Arizona

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 15854

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name Sinema, Kyrsten, , ,
Office Sought: House Senate President
Disbursement For: 2024 Primary General Other (specify) ▼
State: AZ District:

Date of Disbursement 12 / 17 / 2021

FEC Identification Number C C00508804
Transaction ID : B808042
Amount of Each Disbursement this Period 600.00
 Memo Item

B. Vote to Elect Republicans Now PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 15239

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution
Candidate Name
Office Sought: House Senate President
Disbursement For: 2021 Primary General Other (specify) Not Applicable
State: District:

Date of Disbursement 12 / 17 / 2021

FEC Identification Number C C00431403
Transaction ID : B808037
Amount of Each Disbursement this Period 1000.00
 Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

FEC Identification Number C
Amount of Each Disbursement this Period
 Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1600.00
31000.00