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FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORW 3X	For Other Than An Aut	thorized Committee	Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Pharmaceutical Ca	re Management Associa	ation PAC		
ADDRESS (number and stree	t) 327 7th St. NW 9th Floor			
Check if different than previously reported. (ACC)	Washington		DC 20004 -	
2. FEC IDENTIFICATION	NUMBER ▼ CIT	TY▲	STATE ▲ ZIP COL	DE 🛦
C C00388819		S THIS NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Reports: July 15 Quarterly Reports: October 15 Quarterly Reports: January 31 Year-End Report (Non-elector)	Report Due On: Mai Apr (c) 12-Day PRE-Election Report for the: ort (Q2) ort (YE) ar ection Report Due On: Mai Apr Apr One Color of Co	20 (M2) May 20 (M8) r 20 (M3) Jun 20 (M6) r 20 (M4) Jul 20 (M7) Primary (12P) Convention (12C) On on General (30G)	Sep 20 (M9) Oct 20 (M10) General (12G) Special (12S) in the State of	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Year Only) (MY Termination Re (TER)	Report for the:	M = M / D = D /	in the	
5. Covering Period	07 01 / 2021	through 12	31 2021	
I certify that I have examine Type or Print Name of Trea	d this Report and to the best of Heafitz, Jonathan, , , surer	f my knowledge and belief it is	rue, correct and complete.	
Signature of Treasurer	Heafitz, Jonathan, , ,	[Electronically Filed]	Date 01 / 31 /	2021
NOTE: Submission of false, e	rroneous, or incomplete informatio	on may subject the person signing	this Report to the penalties of 52	U.S.C. § 30109
Office Use Only			FEC FOR	

FEC Form 3X (Rev. 05/2016)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		-
Pharmaceutical Care Management	t Association PAC	
Report Covering the Period: From:	7 01 / 2021 To:	12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2021		28669.08
(b) Cash on Hand at Beginning of Reporting Period	7877.32	
(c) Total Receipts (from Line 19)	44223.48	65431.72
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	52100.80	94100.80
7. Total Disbursements (from Line 31)	31298.85	73298.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20801.95	20801.95
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multical	andidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name

Pharmaceutical Care Management Association PAC

01 2021 31 2021 12 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 33481.95 38651.65 (i) Itemized (use Schedule A)..... 741.00 1779.54 (ii) Unitemized (iii) TOTAL (add 40431.19 34222.95 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 10000.00 25000.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 65431.19 44222.95 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 0.53 (Dividends, Interest, etc.)..... 0.53 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))......▶ 65431.72 44223.48 20. Total Federal Receipts 44223.48 65431.72 (subtract Line 18(c) from Line 19)▶

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) 		Caronaa Tour to Date
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating		
Expenditures(c) Total Operating Expenditures	298.85	298.85
(add 21(a)(i), (a)(ii), and (b))▶	298.85	298.85
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	31000.00	73000.00
Independent Expenditures	4	45 45 45
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share		200
(i) i odordi oridio	0.00	0.00
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	31298.85	73298.85
Total Federal Disbursements	31290.03	13290.03
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	31298.85	73298.85

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)	of Disbursements	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

Other (specify)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

83 FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alexander, April, , , Date of Receipt Mailing Address 498 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2006141 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 540.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Alexander, April, , , Date of Receipt Mailing Address 498 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID: A2021-2006142 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 540.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Alexander, April, , , Date of Receipt Mailing Address 498 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2006143 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 60.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General

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SUBTOTAL of Receipts This Page (optional)			,	I	Ī	, ,		18	0.00	_	
TOTAL This Period (last page this line number only)		_	<u> </u>	Ξ	_	-T	_	_	-	_	

540.00

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for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bradham, Jennifer, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2214134 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 12.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SR DIR Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 203.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Bradham, Jennifer, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2373957 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 12.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa SR DIR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 215.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bradham, Jennifer, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 19 2021 City Zip Code State Transaction ID: A2021-2497219 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 12.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa SR DIR Receipt For: Aggregate Year-to-Date ▼ Primary General 227.00 Other (specify) 36.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the

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(check only one)												
	X	11a		11b		11c		12				
		13		14		15		16			17	

Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Bradham, Jennifer, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2689317 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 12.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SR DIR Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 239.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bradham, Jennifer, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2724939 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 12.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa SR DIR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 251.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Bradham, Jennifer, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2755891 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 12.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa SR DIR Receipt For: Aggregate Year-to-Date ▼ Primary General 263.00 Other (specify) 36.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cascone, Heather, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2006049 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Cascone, Heather, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID: A2021-2006050 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1057.65 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Cascone, Heather, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2006051 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa AVP Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) 288.45 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cascone, Heather, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2006047 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 1057.65 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Cascone, Heather, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID: A2021-2006048 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 96.15 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1057.65 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Chambers, Glen, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2014442 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa SVP Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 5192.30 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dube, Timothy, J,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2006031 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Dube, Timothy, J, , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID : A2021-2006032 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 520.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Dube, Timothy, J., Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2006033 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dube, Timothy, J,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2006034 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Dube, Timothy, J, , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2006036 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 560.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Dube, Timothy, J., Date of Receipt Mailing Address 325 7th St NW 9th Floor 30 2021 City Zip Code State Transaction ID: A2021-2006037 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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83 14 OF Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dube, Timothy, J,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 13 2021 City Zip Code State Transaction ID: A2021-2006038 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 640.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Dube, Timothy, J, , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2006039 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 680.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Dube, Timothy, J., Date of Receipt Mailing Address 325 7th St NW 9th Floor 10 2021 City Zip Code State Transaction ID: A2021-2006040 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dube, Timothy, J,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2014453 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 760.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Dube, Timothy, J, , Date of Receipt Mailing Address 325 7th St NW 9th Floor 10 2021 City State Zip Code Transaction ID: A2021-2214125 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 800.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Dube, Timothy, J., Date of Receipt Mailing Address 325 7th St NW 9th Floor 22 2021 City Zip Code State Transaction ID: A2021-2214139 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 840.00 Other (specify) 120.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Dube, Timothy, J,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2724944 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Dube, Timothy, J, , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2755896 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1040.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Fleming, William, K., Date of Receipt Mailing Address 14319 Rose Wycombe Rd 12 2021 City Zip Code State Transaction ID: A2021-2214113 KY Prospect 40059 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) President, Pharmacy Solutions Humana, Inc Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 5080.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Frost, Amanda, M,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2214124 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Frost, Amanda, M, Date of Receipt Mailing Address 325 7th St NW 9th Floor 10 2021 City State Zip Code Transaction ID: A2021-2214138 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 420.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Frost, Amanda, M, , Date of Receipt Mailing Address 325 7th St NW 9th Floor 05 2021 City Zip Code State Transaction ID: A2021-2373961 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 440.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Frost, Amanda, M,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 19 2021 City Zip Code State Transaction ID: A2021-2497223 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 460.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Frost, Amanda, M, , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2689321 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 480.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Frost, Amanda, M, , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2724943 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 60.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hallemeier, Samuel, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2214142 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SR MANAGER Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 630.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hallemeier, Samuel, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2373965 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa SR MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 660.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hallemeier, Samuel, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 19 2021 City Zip Code State Transaction ID: A2021-2497227 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa SR MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 690.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hallemeier, Samuel, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2689325 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SR MANAGER Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 720.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Hallemeier, Samuel, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID : A2021-2724947 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa SR MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Hallemeier, Samuel, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2755899 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 30.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa SR MANAGER Receipt For: Aggregate Year-to-Date ▼ Primary General 780.00 Other (specify) 90.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Head, William, R,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 16 2021 City Zip Code State Transaction ID: A2021-2006065 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Head, William, R,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2006066 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 225.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Head, William, R., Date of Receipt Mailing Address 325 7th St NW 9th Floor 13 2021 City Zip Code State Transaction ID: A2021-2006067 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa AVP Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Head, William, R,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2214126 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Head, William, R,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 10 2021 City State Zip Code Transaction ID : A2021-2214140 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 315.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Head, William, R., Date of Receipt Mailing Address 325 7th St NW 9th Floor 05 2021 City Zip Code State Transaction ID: A2021-2373963 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 15.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa AVP Receipt For: Aggregate Year-to-Date ▼ Primary General 330.00 Other (specify) 45.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mack, Michelle, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2006097 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 28.86 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **DIRECTOR** Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 375.18 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mack, Michelle, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID : A2021-2006098 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 28.86 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa **DIRECTOR** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 375.18 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mack, Michelle, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID: A2021-2006099 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 28.86 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa **DIRECTOR** Receipt For: Aggregate Year-to-Date ▼ Primary General 375.18 Other (specify) 86.58 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mack, Michelle, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 16 2021 City Zip Code State Transaction ID: A2021-2006101 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 28.86 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **DIRECTOR** Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 404.04 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Mack, Michelle, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2006102 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 28.86 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa **DIRECTOR** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 432.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Mack, Michelle, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 13 2021 City Zip Code State Transaction ID: A2021-2006103 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 28.86 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa **DIRECTOR** Receipt For: Aggregate Year-to-Date ▼ Primary General 461.76 Other (specify) 86.58 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McCarthy, Brian, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2005893 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** McCarthy, Brian, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID: A2021-2005894 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2499.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** McCarthy, Brian, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2005895 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McCarthy, Brian, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2005900 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** McCarthy, Brian, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2005901 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3076.80 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** McCarthy, Brian, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2005902 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 3269.10 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name McCarthy, Brian, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 10 2021 City Zip Code State Transaction ID: A2021-2005903 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 3461.40 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** McCarthy, Brian, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2014446 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 3653.70 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** McCarthy, Brian, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 80 2021 City Zip Code State Transaction ID: A2021-2214118 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 3846.00 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Rowley, Lauren, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2005984 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SVP STATE Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 1650.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Rowley, Lauren, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID : A2021-2005985 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa **SVP STATE** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1650.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Rowley, Lauren, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID: A2021-2005986 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 150.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa **SVP STATE** Receipt For: Aggregate Year-to-Date ▼ Primary General 1650.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Scott, Juan, C,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2005999 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 1346.10 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scott, Juan, C,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID: A2021-2005993 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 2499.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Scott, Juan, C, Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2005994 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Scott, Juan, C,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2005995 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scott, Juan, C,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID: A2021-2005996 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2499.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Scott, Juan, C, Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2005997 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Scott, Juan, C,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2005998 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 2499.90 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scott, Juan, C,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2006000 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 2692.20 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Scott, Juan, C, Date of Receipt Mailing Address 325 7th St NW 9th Floor 30 2021 City Zip Code State Transaction ID: A2021-2006001 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 2884.50 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Scott, Juan, C,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 13 2021 City Zip Code State Transaction ID: A2021-2006002 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 3076.80 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scott, Juan, C,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2006003 Washington DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 3269.10 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Scott, Juan, C, Date of Receipt Mailing Address 325 7th St NW 9th Floor 10 2021 City State Zip Code Transaction ID: A2021-2006004 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 3461.40 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Scott, Juan, C,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2373960 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 4230.60 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scott, Juan, C,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID : A2021-2497222 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 4422.90 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Scott, Juan, C, Date of Receipt Mailing Address 325 7th St NW 9th Floor 03 2021 City Zip Code State Transaction ID: A2021-2689320 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 4615.20 Other (specify) 576.90 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Scott, Juan, C,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2724942 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 4807.50 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Scott, Juan, C,, Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2755894 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 192.30 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Executive Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 4999.80 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Shrader, Melodie, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2005964 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) 409.60 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Shrader, Melodie, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2005968 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Shrader, Melodie, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID: A2021-2005969 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 325.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Shrader, Melodie, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 16 2021 City Zip Code State Transaction ID: A2021-2005971 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 75.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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\rangle	Pharmaceutical Care Manageme	nt Associ	ation PAC	
<u>/</u> А.	Full Name of Individual (Last, First, Middle Initia Shrader, Melodie, , ,	l) or Full Orga	anization Name	Date of Receipt
	Mailing Address 325 7th St NW 9th Floor			07 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Washington	State DC	Zip Code 20004	Transaction ID : A2021-2005972 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupa VP	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 375.00	
В.	Full Name of Individual (Last, First, Middle Initia Shrader, Melodie, , ,	anization Name	Date of Receipt	
	Mailing Address 325 7th St NW 9th Floor			08 13 2021
	City Washington	State DC	Zip Code 20004	Transaction ID : A2021-2005973 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupa VP	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 400.00	
	Full Name of Individual (Last, First, Middle Initia Shrader, Melodie, , ,	l) or Full Orga	anization Name	Date of Receipt
	Mailing Address 325 7th St NW 9th Floor	04-4-	7. 0.4	08 27 2021
	City Washington	State DC	Zip Code 20004	Transaction ID: A2021-2005974 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupa VP	ation (for Individual)	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 425.00	
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13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Wentworth, Tim,,,, Date of Receipt Mailing Address 100 Parsons Pond Dr 2021 City Zip Code State Transaction ID: A2021-2143300 NJ Franklin 07417 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CEO **Express Scripts** Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Wiles, Jocelyn, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 10 2021 City State Zip Code Transaction ID: A2021-2214114 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa SR DIRECTOR Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Winiarek, Claire, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 02 2021 City State Zip Code Transaction ID: A2021-2006082 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 5300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 71 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c Detailed Summary Page

13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Winiarek, Claire, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2006076 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Winiarek, Claire, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID : A2021-2006077 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 650.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Winiarek, Claire, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2006078 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 72 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 12 11c

Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Winiarek, Claire, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2006079 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Winiarek, Claire, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City State Zip Code Transaction ID: A2021-2006080 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 650.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Winiarek, Claire, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 15 2021 City Zip Code State Transaction ID: A2021-2006081 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 650.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Detailed Summary Page 13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Winiarek, Claire, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 16 2021 City Zip Code State Transaction ID: A2021-2006083 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Winiarek, Claire, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2006084 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 750.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Winiarek, Claire, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 13 2021 City Zip Code State Transaction ID: A2021-2006085 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 800.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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13 14 15 16 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Winiarek, Claire, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City Zip Code State Transaction ID: A2021-2006086 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Winiarek, Claire, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 2021 City State Zip Code Transaction ID: A2021-2006087 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 900.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Winiarek, Claire, , , Date of Receipt Mailing Address 325 7th St NW 9th Floor 24 2021 City Zip Code State Transaction ID: A2021-2014455 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Management Associa Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional)..... 33481.95 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 OF 83 (check only one) 11a 11b			
Any information copied from such Reports and or for commercial purposes, other than using the			person for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full) Pharmaceutical Care Managen	nent Asso	ciation PAC				
Full Name of Individual (Last, First, Middle Ir Humana Inc. Political Action Committee Mailing Address 975 F St NW Ste 520		Organization Name	Date of Receipt			
City	State	Zip Code	07 15 2021 Transaction ID : A2021-18856			
Washington FEC ID number of contributing	DC	20004	Amount of Each Receipt this Period 5000.00			
federal political committee. Name of Employer (for Individual)	0 1	0271007 upation (for Individual)	Memo Item			
Receipt For:		Year-to-Date ▼	Federal PAC			
Primary General Other (specify) ▼	Aggregate	5000.00				
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name UnitedHealth Group Incorporated PAC					
Mailing Address 701 Pennsylvania Ave. NW S	11 05 2021					
City Washington	State DC	Zip Code 20004	Transaction ID : A2021-18930 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C co	0274431	5000.00			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item Federal PAC			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00				
Full Name of Individual (Last, First, Middle Ir	nitial) or Full C	Organization Name	Date of Receipt			
Mailing Address			M = M / D = D / Y = Y = Y			
City	State	Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С					
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼				
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Any information copied from such Reports and Statements may root be sold or used by any person for the purpose of soliciting contributions or for commendate phoposes, 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 Full Name (Last, First, Middle Initial) A. PayPal Inc. Mailing Address P.O. Box 7022 City State Zip Code Candidate Name Office Sought: President Disbursement For: 2021 State Disbursement This Period Office Sought: President Disbursement For: 2021 State Disbursement This Period Office Sought: President Disbursement Tor: 2021 State Disbursement Tore Category Type Office Sought: President Disbursement Tore	•				NOMBELL.				
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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 Pull) Pharmaceutical Care Management Association PAC Full Name (Last, First, Middle Initial) A. PayPal Inc. Mailing Address P.O. Box 7022 City Mountain View Candidate Name Candidate Name Candidate Name City State District Full Name (Last, First, Middle Initial) B. PayPal Inc. Mailing Address P.O. Box 7022 City Mountain View Cast President State: District State District State Disbursement City State Disbursement City City Mountain View CA Squ33 Purpose of Disbursement Credit Card Processing Fee Candidate Name City City City City City City City Cit		Detailet		28a	28b 28c 29 30b				
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Pharmaceutical Care Management Association PAC Full Name (Last, First, Middle Initial) A. PayPal Inc. Mailing Address P.O. Box 7022 City State Candidate Name Category' State: Disbursement Primary General President State: District: Senate President State: District: Not Applicable Primary General President State: District: Not Applicable President President State: District: Not Applicable President State: District: Not Applicable President		e name and ad	dress of any politic	al committee to	o solicit contributions from such committee.				
Full Name (Last, First, Middle Initial) A PayPal Inc. Mailing Address P.O. Box 7022 City State CA 94039 Candidate Name Candidate Name City District Full Name (Last, First, Middle Initial) B. PayPal Inc. Mailing Address P.O. Box 7022 City State: District Full Name (Last, First, Middle Initial) Senate Prisadent Yuber (Specify) City State: District Full Name (Last, First, Middle Initial) Category/ Type City State: District Full Name (Last, First, Middle Initial) Category/ Type City State: District Full Name (Last, First, Middle Initial) Category/ Type City State: District Full Name (Last, First, Middle Initial) Category/ Type City State: District Full Name (Last, First, Middle Initial) Category/ Type	1		540						
A. PayPal Inc. Mailing Address P.O. Box 7022 City Mountain View Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought:	/ Pharmaceutical Care Managem	nent Assoc	ciation PAC						
A. PayPal Inc. Mailing Address P.O. Box 7022 City Mountain View Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House Disbursement For: 2021 State District: Not Applicable Not Applicable Date of Disbursement Ins Period Memo Item	Full Name (Last, First, Middle Initial)								
Mailing Address P.O. Box 7022 State Zip Code Sught: House Disbursement Primary General President X Other (specify) Type Office Sought: House Disbursement Transaction ID: B797338 Amount of Each Disbursement Transaction ID: B797338 Amount of Each Disbursement Transaction ID: B797338 Amount of Each Disbursement this Period Transaction ID: B797338 Amount of Each Disbursement this Period Transaction ID: B797338 Amount of Each Disbursement this Period Transaction ID: B797338 Amount of Each Disbursement this Period Transaction ID: B797338 Amount of Each Disbursement this Period Transaction ID: B797338 Transaction ID: B799990 Trans					Date of Disbursement				
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Mountain View CA 94039 Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House President Not Applicable Full Name (Last, First, Middle Initial) B. PayPal Inc. Mailing Address P.O. Box 7022 City State: Disbursement Credit Card Processing Fee Candidate Name Office Sought: House President Not Applicable FEC Identification Number Category/ Type Date of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House President Not Applicable Full Name (Last, First, Middle Initial) B. PayPal Inc. Mailing Address P.O. Box 7022 City State Zip Code Candidate Name Office Sought: House President Not Applicable Fell Name (Last, First, Middle Initial) State: District: Not Applicable Full Name (Last, First, Middle Initial) Cc. Mailing Address City State Zip Code President Not Applicable Fell Name (Last, First, Middle Initial) Cc. Mailing Address City State Zip Code President Not Applicable FEC Identification Number Category/ Type Transaction ID: B79990 Amount of Each Disbursement Initial Period Date of Disbursement Category/ Type FEC Identification Number Category/ Type The Common of Each Disbursement Category/ Type Memo Item Substortal of Disbursement This Page (optional)	Mailing Address P.O. Box 7022				08 25 2021				
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Candidate Name Category/ Candidate Name Category/ Office Sought:	Purpose of Disbursement		1 0 1000		С				
Cardidate Name Office Sought: House Senate President State: District: Not Applicable Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Senate President Not Applicable Full Name (Last, First, Middle Initial) Category/ Type Office Sought: Senate President Not Applicable Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Senate President State: Disbursement For: 2021 City State Zip Code Primary General President Not Applicable Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Senate President Senate	Credit Card Processing Fee			001					
Office Sought:	Candidate Name		Category/						
Senate President State: District: Not Applicable Full Name (Last, First, Middle Initial) B. PayPal Inc. Mailing Address P.O. Box 7022 City Mountain View CA 94039 Purpose of Disbursement Credit Card Processing Fee Candidate Name Candidate Name City State: District: Not Applicable Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House President Vother (specify) Type Full Name (Last, First, Middle Initial) Category/ Type Office Sought: President Vother (specify) Type Office Sought: Not Applicable Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House President Vother (specify) Type Office Sought: House Disbursement For: 2021 Mailing Address City State Zip Code FEC Identification Number Category/ Type Office Sought: House President Vother (specify) Memo Item State: District: Mount of Each Disbursement this Period Memo Item State: District: Memo Item Substoral Amount of Each Disbursement this Period Memo Item Substoral Amount of Each Disbursement Ithis Period Memo Item Substoral Amount of Each Disbursement Ithis Period Memo Item					200.00				
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State: District: Not Applicable Full Name (Last, First, Middle Initial) B. PayPal Inc. Mailing Address P.O. Box 7022 City Mountain View Purpose of Disbursement Credit Card Processing Fee Candidate Name Office Sought: House President President State: District: Not Applicable Full Name (Last, First, Middle Initial) Ct. Mailing Address City Senate Primary General Category's Type Office Sought: House Disbursement For: Other (specify) Veneral General General Other (specify) Veneral General Gene									
B. PayPal Inc. Mailing Address P.O. Box 7022 City Mountain View Purpose of Disbursement Credit Card President State: District: Not Applicable Candidate Name City Mailing Address City Senate President City Mailing Address City State C		X Culci (op		Э	Memo Item				
B. PayPal Inc. Mailing Address P.O. Box 7022 City	Full Name (Last, First, Middle Initial)								
Mailing Address P.O. Box 7022 City Mountain View Purpose of Disbursement Credit Card Processing Fee Candidate Name City Mailing Address City State City State Condidate Name City State City Amount of Each Disbursement this Period Amount of Each Disbursement this Period Memo Item State: Substrict: Subst					Date of Disbursement				
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Office Sought:	Candidate Name								
Senate President Vother (specify) State: District: Not Applicable Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Senate Primary General Memo Item Substitute: District: Memo Item Substitute: District: Memo Item Substitute: District: Memo Item 298.32	Office Country House			Type	7.70				
State: District: Not Applicable Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General President State: District: Substotal of Disbursements This Page (optional)	_				1.12				
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City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President President Other (specify) ▼ Substortal of Disbursements This Page (optional)	C.				Date of Disbursement				
City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Memo Item Subtroctal of Disbursements This Page (optional)					M M / D D / Y Y Y Y				
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Substotal of Disbursements This Page (optional)	Mailing Address								
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Substruct: Memo Item 298.32	City	State	Zin Code						
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Memo Item 298.32	,	Ciaio	2.5 0000		FEC Identification Number				
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement								
Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Substrict: Memo Item 298.32									
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Candidate Name		Amount of Each Disbursement this Period						
State: Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Office Sought: House Dish	ureamont For		Type					
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)									
State: District: SUBTOTAL of Disbursements This Page (optional)					□ u				
SUBTOTAL of Disbursements This Page (optional)	State: District:		-, -		I wemo item				
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209 22	SUBTOTAL of Disbursements This Page (option	nal)			298.32				
					209 22				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only			
	for each category of the Detailed Summary Page	21b 28a			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full) Pharmaceutical Care Management		<u> </u>			
Full Name (Last, First, Middle Initial) A. Angie Craig for Congress			Date of Disbursement		
Mailing Address PO Box 22116			08 31 2021		
Eagan	State Zip Code MN 55122		FEC Identification Number		
Purpose of Disbursement Contribution Candidate Name		011	C C00575209 Transaction ID : B796058		
Craig, Angie, , ,	nent For: 2022	Category/ Type	Amount of Each Disbursement this Period 2500.00		
President	Primary General Other (specify) ▼		Memo Item		
State: MN District: 02 Full Name (Last, First, Middle Initial)			<u> </u>		
Friends of John Thune Mailing Address PO Box 841			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	State Zip Code		FEO Identification Number		
Sioux Falls Purpose of Disbursement Contribution		FEC Identification Number C C00409581			
Candidate Name Thune, John, , ,		O11 Category/ Type	Transaction ID : B796059 Amount of Each Disbursement this Period		
Office Sought: House Disbursem	nent For: 2022 Primary General	Туре	2500.00		
	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial) Friends of Mike Lee			Date of Disbursement		
Mailing Address PO Box 1537			08 31 2021		
City S Salt Lake City Purpose of Disbursement Contribution	State Zip Code UT 84110	011	FEC Identification Number C C00473827		
Candidate Name Lee, Mike, , ,		Category/ Type	Transaction ID : B796060 Amount of Each Disbursement this Period		
Office Sought: House Senate President Disbursem	71.	1500.00 Memo Item			
State: UT District: SUBTOTAL of Disbursements This Page (optional)		······•	6500.00		

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE I				
TEMIZED DISBURSEMENTS	for each category of the	(check only 21b	22 X 23 26 27			
	Detailed Summary Page	28a	28b 28c 29 30b			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) Pharmaceutical Care Management	, ,		COIGH COMMISSIONS WON COMMISSION			
Full Name (Last, First, Middle Initial) A. Pallone for Congree			Date of Disbursement			
Mailing Address PO Box 3176			08 31 2021			
Long Branch	State Zip Code NJ 07740		FEC Identification Number C C00226928 Transaction ID : B796061			
Purpose of Disbursement Contribution Candidate Name		011				
Pallone, Frank, , , Jr. Office Sought: House Disbursen	ment For: 2022	Category/ Type	Amount of Each Disbursement this Period 2500.00			
	Primary ☐ General Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial) B. Brian Fitzpatrick for All of Us Mailing Address P.O. Box 939		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Langhorne Purpose of Disbursement Contribution	State Zip Code PA 19047	044	FEC Identification Number C C00607416			
Candidate Name Fitzpatrick, Brian, , ,		O11 Category/ Type	Transaction ID : B797001 Amount of Each Disbursement this Period			
Senate	nent For: 2022 Primary General Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial) Curtis for Congress Mailing Address 370 East South Temple, Suite 580		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Salt Lake City	State Zip Code UT 84111		FEC Identification Number			
Purpose of Disbursement Contribution Candidate Name	011 Category/	C C00647339 Transaction ID : B797003 Amount of Each Disbursement this Period				
-	ment For: 2022 Primary General	Type	1000.00			
	Other (specify) ▼		Memo Item			
SUBTOTAL of Disbursements This Page (optional)			4500.00			
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only			
	for each category of the Detailed Summary Page	21b 28a	22 X 23 26 27 30b		
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NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , ,				
Pharmaceutical Care Management	Association PAC				
Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. Garbarino for Congress			Date of Disbursement		
Mailing Address PO BOX 101			09 27 2021		
City Bayport	State Zip Code NY 11705		FEC Identification Number		
Purpose of Disbursement	11700		C C00729954		
Contribution		011	Transaction ID : B796998		
Carbarina Androw		Category/	Amount of Each Disbursement this Period		
Garbarino, Andrew, , , Office Sought: House Disbursen	nent For: 2022	Type	1500.00		
	Primary General		T T T		
State: NY District: 02	Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)					
3. Johnson For Congress			Date of Disbursement		
Mailing Address P.O. Box 906			09 27 2021		
014.	Di-1-				
,	State Zip Code OH 45750		FEC Identification Number		
Purpose of Disbursement			C C00476820		
Contribution		011	Transaction ID : B797005		
Candidate Name Johnson, Bill, , ,		Category/ Type	Amount of Each Disbursement this Period		
	nent For: 2022	туре	2500.00		
	Primary General				
President State: OH District: 06	Other (specify)		Memo Item		
Full Name (Last, First, Middle Initial)			Date of Disbursement		
C. Trey for Congress					
Mailing Address PO Box 421			09 27 2021		
,	State Zip Code		FEC Identification Number		
Jeffersonville Purpose of Disbursement	IN 47130				
Contribution		011	C C00590463		
Candidate Name		Category/	Transaction ID: B796999 Amount of Each Disbursement this Period		
Hollingsworth, Trey, , ,		Type			
Consts	nent For: 2022		1000.00		
	Primary General Other (specify) ▼		П., .		
State: IN District: 09	• • • • • • • • • • • • • • • • • • •		Memo Item		
SUBTOTAL of Disbursements This Page (optional)			5000.00		
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SCHEDULE B (FEC Form 3X)			FOR LINE 1				
ITEMIZED DISBURSEMENTS		rate schedule(s) ategory of the	(check only			0	
		Summary Page	21b 28a	22 28b	23 28c 29		
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NAME OF COMMITTEE (In Full)							
> Pharmaceutical Care Management	Associa	tion PAC					
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Full Name (Last, First, Middle Initial)				Date of Disbursement 09 27 2021			
A. Upton for All of Us							-
Mailing Address P.O. Box 490							
011	S	7: 0 1					
City St. Joseph	State MI	Zip Code 49085		FEC Ider	tification Numl	ber	
Purpose of Disbursement		10000		Cc	00200584		
Contribution			011		saction ID : B7	797010	
Candidate Name			Category/			sement this Per	riod
Upton, Frederick, S, ,			Type			2500.00	
	nent For: 20	022 General			7 1 7	2500.00	_
	Primary Other (speci						
State: MI District: 06	CC. (OPCC.	,		Mem	o Item		
Full Name (Last, First, Middle Initial)							
B. Victoria Spartz for Congress				Date of I	Disbursement		
		M = M	/ D D /	Y Y Y Y Y	1		
Mailing Address PO Box 505		09	27	2021	1		
City	State	Zip Code		EEC Idor	tification Numl	hor	
Noblesville	IN	46061			itilication Numi	Jei	
Purpose of Disbursement Contribution	044			C C00737767			
Candidate Name		011			Transaction ID : B797007		
Spartz, Victoria, , ,			Category/ Type	Amount	of Each Disbur	sement this Per	riod
	nent For: 20	022	31			1000.00	
	Primary	General			7		_
	Other (speci	fy)		Mem	o Item		
State: IN District: 05							
Full Name (Last, First, Middle Initial)				Date of I	Disbursement		
C. Lisa Blunt Rochester for Congress				M M	/ D D /	YIYIY	-
Mailing Address PO Box 9767				09	28	2021	
		I					
City Wilmington	State DE	Zip Code 19809		FEC Ider	tification Numl	ber	
Purpose of Disbursement	DL	19009		C	00590778		
Contribution			011		saction ID : B	798300	
Candidate Name			Category/			sement this Per	riod
Blunt Rochester, Lisa, , ,			Туре			1000.00	
Consts	nent For: 20	022 General			7	1000.00	
<u> </u>	Primary Other (speci			п			
State: DE District:	(3500)	<i>√</i> •		Mem	o Item		
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	Detailed Summary Page	28a	28b 28c 29 30b			
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or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)						
Pharmaceutical Care Management	t Association PAC					
Full Name (Last, First, Middle Initial)						
A. Velvet Hammer PAC			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 4440 Third Street NE/Ond Floor						
Mailing Address 1140 Third Street, NE/2nd Floor						
,	State Zip Code					
Washington Purpose of Disbursement	DC 20002					
Contribution		011	C C00692111			
Candidate Name		Category/	Transaction ID : B798301 Amount of Each Disbursement this Period			
		Type				
Office Sought: House Disburser Senate	ment For: 2021 Primary General		2500.00			
President x	Other (specify)					
State: District:	Not Applicabl	e	Memo Item			
Full Name (Last, First, Middle Initial)						
B. Tom O'Halleran for Congress		Date of Disbursement				
Mailing Address PO Box 63992		12 14 2021				
,	State Zip Code AZ 85082		FEC Identification Number			
Phoenix Purpose of Disbursement	AZ 85082		C C00582890			
Contribution		011	Transaction ID : B807433			
Candidate Name		Category/	Amount of Each Disbursement this Period			
O'Halleran, Tom, , , Office Sought: House Disburser	ment For: 2022	Type	1000.00			
	Primary General		7 7 7			
President	Other (specify)		Memo Item			
State: AZ District: 01			I welle kelli			
Full Name (Last, First, Middle Initial) C. Dan Crenshaw for Congress			Date of Disbursement			
o. Dan Crenshaw for Congress			M M / D D / Y Y Y Y			
Mailing Address 439 New Jersey Ave SE			12 17 2021			
City	State Zip Code					
Washington	DC 20003		FEC Identification Number			
Purpose of Disbursement Contribution	·	244	C C00660795			
Candidate Name		011	Transaction ID : B808035			
Crenshaw, Daniel, , ,		Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburser	ment For: 2022		1000.00			
Senate	Primary General					
State: TX District: 02	Other (specify) ▼		Memo Item			
02						
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ITEMIZED DISBURSEMEN	io fo	r each category of	the Const	k only one) 21b 22 x	23 26 27					
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or for commercial purposes, other than	using the name a	nd address of any	political commi	ttee to solicit contrib	outions from such committee.					
NAME OF COMMITTEE (In Full)		54	•							
Pharmaceutical Care Ma	nagement As	ssociation PA	C							
Full Name (Last, First, Middle Initial)										
A. Guthrie for Congress					Date of Disbursement					
Mailing Address 5827 Colfax Avenue					12 17 2021					
City	State	e Zip Code		550.11						
Alexandria	VA			FEC Identi	ification Number					
Purpose of Disbursement Contribution	'	-		C C0	0445023					
Contribution 011 Candidate Name					Transaction ID : B808034					
Guthrie, Brett, , ,	.).	Amount of Each Disbursement this Period								
Guthrie, Brett, , , Type Office Sought: House Disbursement For: 2022					2500.00					
Senate										
President	Othe	er (specify) ▼		Memo	Item					
State: KY District: 02 Full Name (Last, First, Middle Initial)										
B. Manchin for West Virginia	a			Date of Di	sbursement					
- Manchin for West Virginia					M M / D D / Y Y Y Y					
Mailing Address PO Box 15854				12	17 2021					
City	State	'		FEC Identi	ification Number					
Washington Purpose of Disbursement	DC	20003		C C00	0406562					
Contribution 011					0486563					
Candidate Name			Catego		action ID: B808136 Each Disbursement this Period					
Manchin, Joseph, , ,			Туре		4500.00					
	ffice Sought: House Disbursement For: 2024				1500.00					
•••	Senate President President Primary General Other (specify)				п					
State: WV District:		(Memo	Item					
Full Name (Last, First, Middle Initial)	·									
C. Sinema for Arizona				Date of Di	sbursement					
Mailing Address PO Box 15854					17 2021					
Maining Address 1 O Box 13034				12	11 2021					
City	State	1 '		FEC Identi	ification Number					
Washington Purpose of Disbursement	DC	20003			0500004					
Contribution			011		0508804					
Candidate Name			Catego		action ID: B808040 Each Disbursement this Period					
Sinema, Kyrsten, , ,			Туре							
Office Sought: House	Disbursement x Prim		orol		400.00					
Senate President										
State: AZ District:		er (specify) ▼		Memo	Item					
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SCHEDULE B (FEC Form 3X)	Llos see	roto och adala (-/-)		INE NUN	PAGE	83 OF	83				
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only one)					7 27			
		Summary Page		21b 28a	22 28b	23 28c	26 	27 30b			
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NAME OF COMMITTEE (In Full)											
Pharmaceutical Care Management	Associa	tion PAC									
Full Name (Last, First, Middle Initial)		B . (B)									
A. Sinema for Arizona						isbursen			_		
Mailing Address PO Box 15854						12 17 2021					
City	Zip Code		FI	EC Iden	tification	Number					
71 do gto	DC	20003			FEC Identification Number						
Purpose of Disbursement Contribution 011						C C00508804					
Candidate Name			Transaction ID : B808042 Amount of Each Disbursement this Period								
Sinema, Kyrsten, , ,						Lacii L	nabul selllel	it uns re	nou		
Office Sought: House Disbursem			600.00								
	Primary Other (speci	x General									
		Memo Item									
				_	_						
Full Name (Last, First, Middle Initial) B. Vote to Flect Republicans Now PA	C			ח	ate of Γ	isbursen	nent				
B. Vote to Elect Republicans Now PAC						M M / D D / Y Y Y					
Mailing Address PO Box 15239					12	17		2021	_		
City	Zip Code		FI	EC Iden	tification	Number					
Washington Purpose of Disbursement	20003						-				
Contribution 011						C C00431403					
Candidate Name Category/					Transaction ID : B808037 Amount of Each Disbursement this Period						
			Type		mount C	Lacii L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nou		
Office Sought: House Disbursem					7- 1	75	1000.00				
	Primary General										
State: President					Memo Item						
Full Name (Last, First, Middle Initial)		Not Applicable	•								
C.				D	ate of D	isbursen	nent				
						/ D [) / Y	YYY	1		
Mailing Address							_				
City	Zip Code	FEC Identification Number									
Purpose of Disbursement					\			•			
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Candidate Name Category/ Type						Amount of Each Disbursement this Period					
Office Sought: House Disbursem	nent For:		7,5-			-					
Senate Primary General President Other (specify) ▼											
					Memo Item						
State: District:					4						
SUBTOTAL of Disbursements This Page (optional)						7		1600.00			
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TOTAL This Period (last page this line number only).								J 1000.00	. 1		