

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

ADDRESS (number and street) 325 7TH ST, NW 9TH FLOOR WASHINGTON DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00388819 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) [ ] July 15 Quarterly Report (Q2) [X] October 15 Quarterly Report (Q3) [ ] January 31 Year-End Report (YE) [ ] July 31 Mid-Year Report (Non-election Year Only) (MY) [ ] Termination Report (TER) [ ] (b) Monthly Report Due On: Feb 20 (M2) [ ] May 20 (M5) [ ] Aug 20 (M8) [ ] Nov 20 (M11) (Non-Election Year Only) [ ] Mar 20 (M3) [ ] Jun 20 (M6) [ ] Sep 20 (M9) [ ] Dec 20 (M12) (Non-Election Year Only) [ ] Apr 20 (M4) [ ] Jul 20 (M7) [ ] Oct 20 (M10) [ ] Jan 31 (YE) [ ] (c) 12-Day PRE-Election Report for the: Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S) [ ] Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) [ ] Runoff (30R) [ ] Special (30S) [ ] Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 04 01 2020 through 06 30 2020

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

Signature of Treasurer Heafitz, Jonathan, , , [Electronically Filed] Date 07 09 2020

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="21870.49"/>	<input type="text" value="21870.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19020.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="52693.79"/>	<input type="text" value="68343.79"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="71714.28"/>	<input type="text" value="90214.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26171.20"/>	<input type="text" value="44671.20"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45543.08"/>	<input type="text" value="45543.08"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	41624.49	47124.49
(ii) Unitemized .....	1069.30	1219.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	42693.79	48343.79
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	52693.79	68343.79
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)).....▶	52693.79	68343.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	52693.79	68343.79

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	25000.00	43500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1171.20	1171.20
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26171.20	44671.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26171.20	44671.20

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	52693.79	68343.79
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52693.79	68343.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Alexander, April, , ,</b>		Date of Receipt
Mailing Address 880 New Jersey Ave 1117		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2020"/>
City DC	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4296</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period
Occupation (for Individual)		<input type="text" value="340.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="text" value="340.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Asher, Drew, , ,</b>		Date of Receipt
Mailing Address 8725 Henderson Road Ren 1T		<input type="text" value="06"/> / <input type="text" value="19"/> / <input type="text" value="2020"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4250</b>
Name of Employer (for Individual) Envolve Pharmacy Solutions		Amount of Each Receipt this Period
Occupation (for Individual) CEO		<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="text" value="5000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bass, Kristin, , ,</b>		Date of Receipt
Mailing Address		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2020"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.4282</b>
Name of Employer (for Individual)		Amount of Each Receipt this Period
Occupation (for Individual)		<input type="text" value="1153.86"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	<input type="checkbox"/> Memo Item
<input type="text" value="1153.86"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="6493.86"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Brown, Dale, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10181 Scripps Gateway Court  
 City San Diego State CA Zip Code 92131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) MedImpact Healthcare Syss, Inc Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 11 / 2020  
**Transaction ID : SA11AI.4260**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Cascone, Heather, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Director State Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 06 / 25 / 2020  
**Transaction ID : SA11AI.4286**  
 Amount of Each Receipt this Period 480.75  
 Memo Item

**C. Fleming, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Main Street  
 City Louisville State KY Zip Code 40202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Humana, Inc. Occupation (for Individual) President, Clinical & Pharmacy Solutio  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 19 / 2020  
**Transaction ID : SA11AI.4256**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10480.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Heafitz, Jonathan, , ,</b>		Date of Receipt
Mailing Address		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2020"/>
City	State	<b>Transaction ID : SA11AI.4304</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer (for Individual)		<input type="text" value="692.28"/>
Occupation (for Individual)		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="692.28"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kamal, Mostafa, , ,</b>		Date of Receipt
Mailing Address 77 Water Street Suite 811		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2020"/>
City	State	<b>Transaction ID : SA11AI.4258</b>
New York	NY	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="text" value="5000.00"/>
Name of Employer (for Individual) Magellan Rx Management		<input type="checkbox"/> Memo Item
Occupation (for Individual) CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="5000.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lotvin, Alan, , ,</b>		Date of Receipt
Mailing Address 1 CVS Drive Mail Code 1125		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2020"/>
City	State	<b>Transaction ID : SA11AI.4254</b>
Woonsocket	RI	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<input type="text" value="5000.00"/>
Name of Employer (for Individual) CVS Health		<input type="checkbox"/> Memo Item
Occupation (for Individual) EVP, CVS Health		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	
<input type="text" value="5000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="10692.28"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. McCarthy, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1153.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2020  
**Transaction ID : SA11AI.4317**  
 Amount of Each Receipt this Period  
 1153.80  
 Memo Item

**B. Paulus, Ken, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8400 Nprmandale Lake Bl  
 City State Zip Code  
 Bloomington MN 55437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Prime Therapeutics President & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 20 / 2020  
**Transaction ID : SA11AI.4262**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**C. Rowley, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2020  
**Transaction ID : SA11AI.4324**  
 Amount of Each Receipt this Period  
 900.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7053.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

**A. Scott, JC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City State Zip Code

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1153.80

Date of Receipt  
 06 / 25 / 2020  
**Transaction ID : SA11AI.4326**

Amount of Each Receipt this Period  
 1153.80

Memo Item

**B. Stuart, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 500 West Main Street

City State Zip Code  
 Louisville MS

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

Name of Employer (for Individual) Occupation (for Individual)  
 Humana, Inc Asso VP for Public Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 05 / 12 / 2020  
**Transaction ID : SA11AI.4270**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C. Wentworth, Tim, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Express Way

City State Zip Code  
 St. Louis MO 63121

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

Name of Employer (for Individual) Occupation (for Individual)  
 Express Scripts President, Express Scripts & Cigna Svc

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 05 / 19 / 2020  
**Transaction ID : SA11AI.4252**

Amount of Each Receipt this Period  
 5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6653.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Winiarek, Claire, , ,

Mailing Address 619 Shirley Ave

City Norfolk	State VA	Zip Code 23517
-----------------	-------------	-------------------

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

Name of Employer (for Individual) PCMA	Occupation (for Individual) VP Policy
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 06 / 25 / 2020

**Transaction ID : SA11AI.4334**

Amount of Each Receipt this Period  
 250.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	41624.49

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. MAGELLAN HEALTH, INC. EMPLOYEE COMMITTEE FOR GOOD GOVERNMENT**

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

Mailing Address 8621 ROBERT FULTON DRIVE

City COLUMBIA	State MD	Zip Code 21046
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00247262

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2020

**Transaction ID : SA11C.4264**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**B. UNITEDHEALTH GROUP INCORPORATED PAC (UNITEDHEALTH GROUP PAC)**

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

Mailing Address 701 PENNSYLVANIA AVE, NW  
 SUITE 200

City WASHINGTON	State DC	Zip Code 20004
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2020

**Transaction ID : SA11C.4266**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**C.**

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	10000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. ANGIE CRAIG FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2020
Mailing Address P.O. BOX 22116		FEC Identification Number <b>C</b> C00575209 <b>Transaction ID : SB23.4195</b>
City EAGAN	State MN	Zip Code 55122
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>CRAIG, ANGELA DAWN, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MN	District: 02	

Full Name (Last, First, Middle Initial) <b>B. BILIRAKIS FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2020
Mailing Address PO BOX 606		FEC Identification Number <b>C</b> C00408534 <b>Transaction ID : SB23.4223</b>
City TARPON SPRINGS	State FL	Zip Code 34688
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name <b>BILIRAKIS, GUS M, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL	District: 12	

Full Name (Last, First, Middle Initial) <b>C. BRIAN FITZPATRICK FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 06 / 30 / 2020
Mailing Address PO BOX 939		FEC Identification Number <b>C</b> C00607416 <b>Transaction ID : SB23.4229</b>
City LANGHORNE	State PA	Zip Code 19047
Purpose of Disbursement		Amount of Each Disbursement this Period 500.00
Candidate Name <b>FITZPATRICK, BRIAN, , ,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: PA	District: 01	

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

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

2500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. DARREN SOTO FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY 06 / 30 / 2020	
Mailing Address P.O. BOX 420239				
City KISSIMMEE	State FL	Zip Code 34742	FEC Identification Number C00581074 <b>Transaction ID : SB23.4186</b> Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			Category/Type	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL	District: 09			

Full Name (Last, First, Middle Initial) <b>B. DR JOHN JOYCE FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY 06 / 30 / 2020	
Mailing Address 1002 LOGAN BLVD STE 114				
City ALTOONA	State PA	Zip Code 16602	FEC Identification Number C00674259 <b>Transaction ID : SB23.4198</b> Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			Category/Type	
Candidate Name <b>JOYCE, JOHN, , ,</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: PA	District: 13			

Full Name (Last, First, Middle Initial) <b>C. EMMER FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY 06 / 30 / 2020	
Mailing Address PO BOX 998				
City ANOKA	State MN	Zip Code 55303	FEC Identification Number C00545749 <b>Transaction ID : SB23.4220</b> Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement			Category/Type	
Candidate Name <b>EMMER, THOMAS EARL JR., , ,</b>		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: MN	District: 06			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DICK DURBIN COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2020

Mailing Address PO BOX 1949

FEC Identification Number

**C** C00148999

City SPRINGFIELD State IL Zip Code 62705

**Transaction ID : SB23.4192**

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00

Candidate Name

**DURBIN, RICHARD J., , ,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

Memo Item

State: IL District: 00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF SCHUMER**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2020

Mailing Address 192 LEXINGTON AVENUE SUITE 1001

FEC Identification Number

**C** C00346312

City NEW YORK State NY Zip Code 10016

**Transaction ID : SB23.4217**

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00

Candidate Name

**SCHUMER, CHARLES E., , ,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2022  
 Primary  General  Other (specify) ▼

Memo Item

State: NY District: 00

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2020

Mailing Address PO BOX 9639

FEC Identification Number

**C** C00445023

City BOWLING GREEN State KY Zip Code 42102

**Transaction ID : SB23.4201**

Purpose of Disbursement

Amount of Each Disbursement this Period

1000.00

Candidate Name

**Guthrie, , , ,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

Memo Item

State: District:

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

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

3000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. JOHNSON FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 906

City MARIETTA State OH Zip Code 45750

Purpose of Disbursement

Candidate Name  
**JOHNSON, BILL, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: OH District: 06

Date of Disbursement: 06 / 30 / 2020

FEC Identification Number: **C00476820**  
Transaction ID : **SB23.4235**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. KURT SCHRADER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement

Candidate Name  
**SCHRADER, KURT, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: OR District: 05

Date of Disbursement: 06 / 30 / 2020

FEC Identification Number: **C00446906**  
Transaction ID : **SB23.4244**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. LAHOOD FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 10735

City PEORIA State IL Zip Code 61612

Purpose of Disbursement

Candidate Name  
**LAHOOD, DARIN MCKAY, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: IL District: 18

Date of Disbursement: 06 / 30 / 2020

FEC Identification Number: **C00575050**  
Transaction ID : **SB23.4238**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

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

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

3000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. LISA BLUNT ROCHESTER FOR CONGRESS**

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

City WILMINGTON State DE Zip Code 19809

Purpose of Disbursement  Category/Type

Candidate Name  
**BLUNT ROCHESTER, LISA, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: DE District: 00

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2020

FEC Identification Number: **C00590778**  
Transaction ID : **SB23.4226**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. MIKE KELLY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 476

City LYNDORA State PA Zip Code 16045

Purpose of Disbursement  Category/Type

Candidate Name  
**KELLY, MIKE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: PA District: 16

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2020

FEC Identification Number: **C00474189**  
Transaction ID : **SB23.4189**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. NATIONAL REPUBLICAN SENATORIAL VICTORY SUPER PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1900 WEST OAKLAND PARK BLVD # 9961

City FORT LAUDERDALE State FL Zip Code 33310

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2020

FEC Identification Number: **C00593079**  
Transaction ID : **SB23.4247**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. NEVADANS FOR STEVEN HORSFORD**

Full Name (Last, First, Middle Initial)  
NEVADANS FOR STEVEN HORSFORD

Mailing Address PO BOX 336664

City NORTH LAS VEGAS State NV Zip Code 89033

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: NV District: 04

Date of Disbursement: 06 / 05 / 2020

FEC Identification Number: C00668228  
Transaction ID : SB23.4173  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. PETERS, GARY, , ,**

Full Name (Last, First, Middle Initial)  
PETERS, GARY, , ,

Mailing Address PO BOX 226

City BLOOMFIELD HILLS State MI Zip Code 48303

Purpose of Disbursement

Candidate Name  
PETERS FOR MICHIGAN

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MI District: 00

Date of Disbursement: 06 / 30 / 2020

FEC Identification Number: C00437889  
Transaction ID : SB23.4214  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. PETE STAUBER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
PETE STAUBER FOR CONGRESS

Mailing Address 23 W CENTRAL ENTRANCE  
PMB #333

City DULUTH State MN Zip Code 55811

Purpose of Disbursement

Candidate Name  
STAUBER, PETER ALLEN, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MN District: 08

Date of Disbursement: 06 / 30 / 2020

FEC Identification Number: C00650697  
Transaction ID : SB23.4232  
Amount of Each Disbursement this Period: 500.00

Memo Item

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. SINEMA FOR ARIZONA**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 7586

City PHOENIX State AZ Zip Code 85011

Purpose of Disbursement

Candidate Name  
**SINEMA, KYRSTEN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2024  Primary  General  Other (specify) ▼

State: AZ District: 00

Date of Disbursement: 06 / 30 / 2020

FEC Identification Number: **C00508804**  
Transaction ID : **SB23.4208**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. STEPHANIE MURPHY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 205

City WINTER PARK State FL Zip Code 32790

Purpose of Disbursement

Candidate Name  
**MURPHY, STEPHANIE, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: FL District: 07

Date of Disbursement: 06 / 30 / 2020

FEC Identification Number: **C00620443**  
Transaction ID : **SB23.4183**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. TERRI SEWELL FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1964

City BIRMINGHAM State AL Zip Code 35201

Purpose of Disbursement

Candidate Name  
**SEWELL, TERRI A., , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: AL District: 07

Date of Disbursement: 06 / 01 / 2020

FEC Identification Number: **C00458976**  
Transaction ID : **SB23.4274**  
Amount of Each Disbursement this Period: 500.00

Memo Item

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. TINA SMITH FOR MINNESOTA**

Full Name (Last, First, Middle Initial)  
TINA SMITH FOR MINNESOTA

Mailing Address P.O. BOX 14362

City SAINT PAUL State MN Zip Code 55114

Purpose of Disbursement  Category/Type

Candidate Name  
**SMITH, TINA, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: MN District: 00

Date of Disbursement: 06 / 01 / 2020

FEC Identification Number: **C** C00663781  
Transaction ID : **SB23.4277**  
Amount of Each Disbursement this Period: 2000.00

Memo Item

**B. TOM O'HALLERAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
TOM O'HALLERAN FOR CONGRESS

Mailing Address PO BOX 63992

City PHOENIX State AZ Zip Code 85082

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: AZ District: 01

Date of Disbursement: 06 / 30 / 2020

FEC Identification Number: **C** C00582890  
Transaction ID : **SB23.4181**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement  Category/Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	25000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. PayPal

Mailing Address 7700 Eastport Parkway

City LaVista State NE Zip Code 68128

Purpose of Disbursement  
Wire Transfer Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2020

FEC Identification Number

C

Transaction ID : SB29.4272

Amount of Each Disbursement this Period

1171.20

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1171.20

1171.20