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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or other man A	All Authorized				Office Use Only
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼		ımple: If typir r the lines.	ng, type	12FE4M5	
PHARMACEUTICAL CARE	MANAGEMEN	T ASSOCIAT	ION POLIT	ICAL ACT	ION COMM	ITTEE (PCMA PAC)
ADDRESS (number and street)	601 PENNSYLVAN	IIA AVENUE NW	STE 740			
Check if different						
than previously reported. (ACC)	WASHINGTON				DC	20004
2. FEC IDENTIFICATION NUM	MBER ▼	CITY ▲			STATE A	ZIP CODE ▲
C C00388819		3. IS THIS REPORT	\ <u>\</u>	NEW OR	AM (A)	ENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	r	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Duo on.	Mar 20 (M3)		Jun 20 (M6)	Η.	20 (M9) Dec 20 (M12) (Non-Election year only)
X April 15 Quarterly Report (Q1) (c) 12-Day	Apr 20 (M4)	Primary (12P	Jul 20 (M7)	General	20 (M10) Jan 31 (YE) (12G) Runoff (12R)
July 15 Quarterly Report (Q2	PRF-Fle		Convention (Special (
October 15 Quarterly Report (Q3)		`			,
January 31 Year-End Report (YE		Election on	M M /	D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-El		General (300	à)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Tiopoit is	Election on	M M /	D D /	Y = Y = Y = Y	in the State of
5. Covering Period 01	/ D D / Y	2013	through	03	31	2013
I certify that I have examined this		best of my kno	wledge and b	pelief it is tru	e, correct and	d complete.
Type or Print Name of Treasurer	Jonathan Heafitz					
Signature of Treasurer Jonath	an Heafitz		[Electronically	Filed]	ate 04	/ DD D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, erronec	ous, or incomplete in	nformation may su	ubject the pers	son signing th	nis Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		7927.84
	(b) Cash on Hand at Beginning of Reporting Period	7927.84	
	(c) Total Receipts (from Line 19)	17330.76	17330.76
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	25258.60	25258.60
' .	Total Disbursements (from Line 31)	18000.00	18000.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7258.60	7258.60
).	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Re	eport Covering the Period: From: 01	01 2013	To: 03 / 31 / 2013
	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)	6970.76	6970.76
	(ii) Unitemized(iii) TOTAL (add	360.00	360.00
	Lines 11(a)(i) and (ii)	7330.76	, 7330.76
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	10000.00	10000.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	17330.76	17330.76
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
17	to Federal Candidates and Other Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.)	0.00	0.00
	(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))▶	17330.76	17330.76
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	17330.76	17330.76

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcillati Teal-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
#N N - 1 1 0	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	0.00	0.00		
Expenditures(c) Total Operating Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	18000.00	18000.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use Schedule F)	7	0.00		
Loan Repayments Made	0.00	0.00		
Zodii Nopayillonio Mado				
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
Ī				
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
_				
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(i) I ederal Share				
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Biologous de (1911) 2011 202				
Total Disbursements (add Lines 21(c), 22,	42000 00			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18000.00	18000.00		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	18000.00	18000.00		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

. 20 : 0: 02: (02:2000)	Total SX (Nev. 02/2003)				
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	17330.76	17330.76			
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00			
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17330.76	17330.76			
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00			
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00			
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00			

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

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

FOR	LINE	NU	MBER	:	PAGE	6	OF	15
(checl	k only	on	ıe)					
X	11a [11b		11c	12		
-	13		14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Kristin Bass Mailing Address 812 N. Jackson St		Date of Receipt
		03 19 2013
City	State Zip Code	Transaction ID : SA11AI.4558
Arlington	VA 22201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1153.86
Name of Employer	Occupation	
Pharmaceutical Care Mgmt Assoc	SVP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1153.86	
Full Name (Last, First, Middle Initial) Tim Brogan	1	Date of Receipt
Mailing Address 2804 9th Street S		M = M / D = D / Y = Y = Y
City	State Zin Code	03 19 2013
City Arlington	State Zip Code VA 22204	Transaction ID : SA11AI.4559
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	240.00
Name of Employer	Occupation	
PCMA	Policy Analyst	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	240.00	
Full Name (Last, First, Middle Initial) Mark Merritt		Date of Receipt
Mailing Address 1261 Auburn Ave		01 30 2013
City	State Zip Code	Transaction ID : SA11AI.4547
Hummelstown	PA 17036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	
PCMA	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	5000.00	
Other (specify) ▼	5000.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

	_	LINE	PAGE	15					
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

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

or for commercial purposes, other than using	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MAN	NAGEMENT ASSOCIATION POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) Jerry Steiffl		Date of Receipt
Mailing Address 1401 North Oad St #990		03 19 2013
City	State Zip Code	Transaction ID : SA11AI.4569
Arlington	VA 22209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	576.90
Name of Employer	Occupation	
Pharmaceutical Care Mgmt Assoc	VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	
Full Name (Last, First, Middle Initial) 3.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	Amount of Each recorpt this Feriou
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	ıl)	576.90
TOTAL This Period (last page this line num	<u>*</u>	6970.76

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOF	R LINE	NU	MBER	₹:	PAGE	8	OF	15	
Use separate schedule(s)	(che	(check only one)								
for each category of the Detailed Summary Page		11a		11b	X	11c	1:	2		
Detailed Suffilliary Fage		13		14		15	1	6	17	
not be sold or used by any person for the purpose of soliciting contributions							ne	•		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contribu

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 (Last, First, Middle Initial) EXPRESS SCRIPTS INC. POLITICAL FUND (A/K/A EXPRESS SCRIPTS PAC) Date of Receipt Mailing Address ONE EXPRESS WAY 2013 13 City Zip Code State Transaction ID: SA11C.4548 MO ST. LOUIS 63121 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00365072 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. HUMANA INC. POLITICAL ACTION COMMITTEE Date of Receipt Mailing Address 975 F STREET, NW SUITE 550 02 22 2013 City State Zip Code Transaction ID: SA11C.4550 WASHINGTON DC 20004 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00271007 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 10000.00 SUBTOTAL of Receipts This Page (optional)..... 10000.00 TOTAL This Period (last page this line number only).....

ala a alud a (a)	OR LINE NUMB	ER: PAGE 9 OF 15
chedule(s) ry of the ary Page	check only one) 21b 22 27 28	2 X 23 24 25 26 8a 28b 28c 29 30
		the purpose of soliciting contributions contributions from such committee.
ATION POLI	TICAL ACTIO	N COMMITTEE (PCMA PAC)
	Dat	e of Disbursement
		03 21 2013
Code 03	Tr	ansaction ID : SB23.4541
	Amo	ount of Each Disbursement this Period
	tegory/ Type	1000.00
General		
	М	e of Disbursement
Code 38	Tr	ransaction ID : SB23.4529
	Ame	ount of Each Disbursement this Period
	tegory/ Type	1000.00
General		
		e of Disbursement
		02 26 2013
Code 37	Tr	ansaction ID : SB23.4504
Cá	Amo	bunt of Each Disbursement this Period
	Туре	1000.00
		3000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 10 OF 15
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 X 23 24 25 26
	0	27	28a 28b 28c 29 30b
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or use e name and address of any politic	ed by any perso al committee to	on tor the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		· · · · · ·	
$ \; angle$ PHARMACEUTICAL CARE MANA	GEMENT ASSOCIATION P	OLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Lost First Middle Initial)		i	
Full Name (Last, First, Middle Initial) A. DIANE BLACK FOR CONGRE	200		Date of Disbursement
A. DIANE BLACK FOR CONGRE			M M / D D / Y Y Y Y
Mailing Address PO BOX 1437			03 21 2013
City	State Zip Code		Transaction ID : SB23.4538
GALLATIN	TN 37066		114110404101112 1 022011000
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		0.1	, and are or East Dissursement this 1 enou
DIANE L MRS. BLACK		Category/ Type	1000.00
	oursement For: 2014	71: *	, , , , , , , , , , , , , , , , , , , ,
Senate	Y Primary General		
President	Other (specify)		
State: TN District: 06			
Full Name (Last, First, Middle Initial)	U/EDT		Data of Dishamanani
B. FRIENDS OF DAVID SCHWE	IKER I		Date of Disbursement
Mailing Address 228 S WASHINGTON STRE			03 21 2013
STE 115	.EI		05 21 2013
City	State Zip Code		Transaction ID : SB23.4535
ALEXANDRIA Purpose of Disbursement	VA 22314		
. arposo or Biobaroomoni			Amount of Each Disbursement this Period
Candidate Name		Category/	
DAVID SCHWEIKERT		Type	500.00
	oursement For: 2014		
Senate	Primary General		
President	Other (specify) ▼		
State: AZ District: 06			
Full Name (Last, First, Middle Initial)	N		Date of Disbursement
C. FRIENDS OF JEANNE SHAHI	⊒ ⊑IN		
Mailing Address 105 N STATE STREET			02 26 _2013 _
City	State Zip Code		Transaction ID : SB23.4501
CONCORD Purpose of Disbursement	NH 03301		
т агрозе от ызыштаеттетт			Amount of Fook Dichard word this D
Candidate Name		Catalana	Amount of Each Disbursement this Period
JEANNE SHAHEEN		Category/ Type	500.00
	oursement For: 2014		
Senate	Y Primary General		
President	Other (specify) ▼		
State: NH District: 00			
			0000.00
SUBTOTAL of Disbursements This Page (option	onal)	······	2000.00
SUBTOTAL of Disbursements This Page (option TOTAL This Period (last page this line number			2000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 11 OF 15
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	•
Any information copied from such Reports and Stater or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	•		
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF TODD YOUNG, INC			Date of Disbursement
Mailing Address PO BOX 1053			03 21 2013
City S BLOOMINGTON	State Zip Code IN 47402		Transaction ID : SB23.4532
Purpose of Disbursement	4/402		
			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
TODD CHRISTOPHER YOUNG Office Sought: House Disburser	nont For: 0044	Туре	1000.00
Senate President	nent For: 2014 Primary General Other (specify) ▼		
State: IN District: 09			
Full Name (Last, First, Middle Initial) B. GEORGE HOLDING FOR CONGF	RESS INC.		Date of Disbursement
Mailing Address PO BOX 97187			02 14 2013
City	State Zip Code		Transaction ID : SB23.4485
RALEIGH	NC 27624		11a113aCtiOi1 ID . 3D23.4403
Purpose of Disbursement 2012 Primary Debt Retirement			Amount of Each Disbursement this Period
Candidate Name GEORGE E. B. MR. HOLDING		Category/ Type	1000.00
Office Sought: House Disburser	nent For: 2012 Primary General Other (specify)	.,,,,,	
Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 9639			03 19 2013
•	State Zip Code		Transaction ID : SB23.4516
BOWLING GREEN Purpose of Disbursement	KY 42102		
Candidate Name			Amount of Each Disbursement this Period
S. BRETT HON. GUTHRIE		Category/ Type	500.00
Office Sought: House Disburser	nent For: 2014 Primary General Other (specify)		
			2500.00
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 12 OF 15
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
Г		27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEI	MENT ASSOCIATION P	OLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial)			
A. HEIDI FOR SENATE			Date of Disbursement
Mailing Address PO BOX 1577			03 14 2013
City	State Zip Code		
BISMARCK	ND 58502		Transaction ID: SB23.4510
Purpose of Disbursement		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	
HEIDI HEITKAMP		Type	2500.00
Office Sought: House Senate President Disburs	ement For: 2018 Primary General Other (specify) ▼		
State: ND District: 00			
Full Name (Last, First, Middle Initial) B. HORSFORD FOR CONGRESS			Date of Disbursement
Mailing Address 6100 ELTON AVE. SUITE 1000			01 23 2013
City LAS VEGAS	State Zip Code NV 89107		Transaction ID : SB23.4482
Purpose of Disbursement 2012 Gen Election Debt Retirement			Amount of Each Disbursement this Period
Candidate Name STEVEN ALEXZANDER HORSF	ORD	Category/ Type	500.00
Senate President	ement For: 2012 Primary		
State: NV District: 04 Full Name (Last, First, Middle Initial)			
c. HUDSON FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 5053			02 14 2013
City CONCORD	State Zip Code NC 28027		Transaction ID : SB23.4488
Purpose of Disbursement			
Candidate Name RICHARD L. JR. HUDSON		Category/	Amount of Each Disbursement this Period
	ement For: 2014 Primary General Other (specify)	Туре	
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number onl			4500.00

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 13 OF 15
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b	
	Detailed Suffillary Page	27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEN	MENT ASSOCIATION PO	OLITICAL AC	CTION COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial)			
A. MEADOWS FOR CONGRESS			Date of Disbursement
Mailing Address P.O. BOX 811	Olote 7's Oods		02 14 2013
City HIGHLANDS	State Zip Code NC 28741		Transaction ID : SB23.4491
Purpose of Disbursement 2012 Primary Debt Retirement			Amount of Each Disbursement this Period
Candidate Name MARK R MEADOWS		Category/ Type	1500.00
Office Sought: House Disburse	Primary General Other (specify)		
State: NC District: 11			
B. MIKE KELLY FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 476			03 14 2013
City LYNDORA	State Zip Code PA 16045		Transaction ID : SB23.4522
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name GEORGE J JR KELLY		Category/ Type	1000.00
	Primary General Other (specify)		
Full Name (Last, First, Middle Initial) C. PITTENGER FOR CONGRESS L	LC		Date of Disbursement
Mailing Address PO BOX 470848			02 14 2013
City CHARLOTTE	State Zip Code NC 28247		Transaction ID : SB23.4494
Purpose of Disbursement 2012 Primary Debt Retirement			Amount of Each Disbursement this Period
Candidate Name ROBERT M PITTENGER		Category/ Type	1000.00
Office Sought: House Disburse	Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional).			3500.00
9 (1)			

Any information copied from such Reports and Statem or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMIT Full Name (Last, First, Middle Initial)	for each Detailed nents may ine and addi	ress of any polition	21b 27 seed by any persocal committee to	22 X 23 24 25 2 28a 28b 28c 29 3 on for the purpose of soliciting contributions
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	ne and addi	ress of any polition	cal committee to	
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM				Sonort continuations from such confinitee.
Full Name (Last, First, Middle Initial)		SOCIATION F	POLITICAL A	CTION COMMITTEE (PCMA PAC)
A. ROGERS FOR CONGRESS Mailing Address PO BOX 581				Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
BRIGHTON	State MI	Zip Code 48116		Transaction ID : SB23.4526
Purpose of Disbursement				Amount of Each Disbursement this Period
Candidate Name MICHAEL J ROGERS			Category/ Type	500.00
Senate President	nent For: 2 Primary Other (spe	General		
State: MI District: 08				
Full Name (Last, First, Middle Initial) B. TIM MURPHY FOR CONGRESS				Date of Disbursement
Mailing Address PO BOX 24551				02 26 2013
PTTSBURGH	State PA	Zip Code 15234		Transaction ID : SB23.4519
Purpose of Disbursement				Amount of Each Disbursement this Period
Candidate Name TIMOTHY MURPHY			Category/ Type	500.00
Office Sought: House Senate Disbursen	nent For: ; Primary Other (spe	General	туре	
Full Name (Last, First, Middle Initial) C. UPTON FOR ALL OF US				Date of Disbursement
Mailing Address P.O. BOX 490				03 05 2013
City S ST. JOSEPH Purpose of Disbursement	State MI	Zip Code 49085		Transaction ID : SB23.4507
Candidate Name			Category/	Amount of Each Disbursement this Period
			Туре	1000.00
FREDERICK STEPHEN UPTON	nent For:	2014		
Office Sought: House Disbursen	nent For: 2 Primary Other (spe	General		
Office Sought: House Disbursen	Primary Other (spec	General cify) ▼		2000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 15 OF 15	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page			
		21b	22 🗙 23 24 25 26	
	Detailed Suffilliary Fage	27	28a 28b 28c 29 30l	
Any information copied from such Reports and Statem	nents may not be sold or used	by any perso	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the name	e and address of any political	committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
> PHARMACEUTICAL CARE MANAGEM	ENT ASSOCIATION PC	LITICAL A	CTION COMMITTEE (PCMA PAC)	
/				
Full Name (Last, First, Middle Initial)				
A. VOLUNTEERS FOR SHIMKUS			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address PO BOX 661			03 19 2013	
City	State Zip Code			
COLLINSVILLE	IL 62234		Transaction ID : SB23.4513	
Purpose of Disbursement	02234			
			Amount of Each Disbursement this Period	
Candidate Name	l	Catamanul		
JOHN M SHIMKUS		Category/ Type	500.00	
<u> </u>	nent For: 2014	.,,,,,	, , , , , , , , , , , , , , , , , , , ,	
	Primary General			
President	Other (specify) ▼			
State: IL District: 15				
Full Name (Last, First, Middle Initial)				
3.			Date of Disbursement	
			M M / D D / Y Y Y	
Mailing Address				
City	State Zip Code			
D (D'alamana)				
Purpose of Disbursement			Amount of Each Disbursement this Period	
Candidate Name			Amount of Each disbursement this Period	
Cardidate Name		Category/ Type		
Office Sought: House Disbursen	nent For:	туре		
	Primary General			
	Other (specify)			
State: District:	(cpccy) ∀			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name			Amount of Each Disbursement this Period	
Candidate Name		Category/		
Office Sought: House Disbursen	pont For:	Туре		
	nent For: Primary General			
	Other (specify)			
State: District:	Culor (Specify)			
Didition.				
SUBTOTAL of Disbursements This Page (optional)			500.00	
		·····		
TOTAL This Period (last page this line number only).			18000.00	