

*Amended*

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FORM 3X

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

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

Pharmaceutical Care Management Association  
Political Action Committee (POMA-PAC)

ADDRESS (number and street) 601 Pennsylvania Ave, NW  
Suite 740  
Washington DC 20004

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00359819

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 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 [ ] / [ ] / [ ] In the State of [ ]

(d) 30-Day POST-Election Report for the:

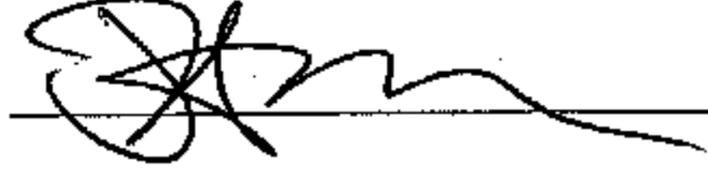
General (30G)  Runoff (30R)  Special (30S)

Election on [ ] / [ ] / [ ] In the State of [ ]

5. Covering Period 07 / 07 / 2004 through 09 / 30 / 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer *JOHN A. MURRAY*

Signature of Treasurer  Date 10 / 12 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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**FEC FORM 3X**  
(Rev. 02/2003)

2503037-3330

Federal Election Commission  
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*Sr*  
 PREPARER  
 (3/2005)

4/13/05  
 DATE PREPARED