

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) 601 PENNSYLVANIA AVENUE NW STE 740

Check if different than previously reported. (ACC)

WASHINGTON DC 20004

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00388819

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y in the State of

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2017 through M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2017

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 M M M / D D D / Y Y Y Y Y Y 04 / 11 / 2017

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="2017"/>	<input type="text" value="7316.91"/>	<input type="text" value="7316.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7316.91"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15000.00"/>	<input type="text" value="15000.00"/>
(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="22316.91"/>	<input type="text" value="22316.91"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="26700.00"/>	<input type="text" value="26700.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="-4383.09"/>	<input type="text" value="-4383.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15000.00	15000.00
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)).....▶	15000.00	15000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15000.00	15000.00

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.....	26700.00	26700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26700.00	26700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26700.00	26700.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	15000.00	15000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15000.00	15000.00
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 13
<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

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)

A. CIGNA CORPORATION POLITICAL ACTION COMMITTEE

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

Mailing Address 601 PENNSYLVANIA AVENUE NW
SOUTH BUILDING SUITE 835

City WASHINGTON	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C** C00085316

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2017

Transaction ID : SA11C.5486

Amount of Each Receipt this Period
5000.00

Memo Item

B. CVS HEALTH PAC

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

Mailing Address 1275 PENNSYLVANIA AVENUE, NW
SUITE 700

City WASHINGTON	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C** C00384818

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2017

Transaction ID : SA11C.5488

Amount of Each Receipt this Period
5000.00

Memo Item

C. HUMANA INC. POLITICAL ACTION COMMITTEE

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

Mailing Address 975 F STREET, NW
SUITE 550

City WASHINGTON	State DC	Zip Code 20004
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FEC ID number of contributing federal political committee. **C** C00271007

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2017

Transaction ID : SA11C.5490

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	15000.00
TOTAL This Period (last page this line number only).....	15000.00

**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. BERA FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement

Candidate Name
BERA, AMERISH, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 07

Date of Disbursement: 03 / 15 / 2017

FEC Identification Number: **C00461061**
Transaction ID : **SB23.5473**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. BILIRAKIS FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 606

City TARPON SPRINGS State FL Zip Code 34688

Purpose of Disbursement

Candidate Name
BILIRAKIS, GUS M, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: FL District: 12

Date of Disbursement: 03 / 22 / 2017

FEC Identification Number: **C00408534**
Transaction ID : **SB23.5476**
Amount of Each Disbursement this Period: 1500.00

Memo Item

C. BILLY LONG FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 3246 E RIDGEVIEW ST

City SPRINGFIELD State MO Zip Code 65804

Purpose of Disbursement

Candidate Name
LONG, BILLY MR., , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: MO District: 07

Date of Disbursement: 03 / 31 / 2017

FEC Identification Number: **C00460063**
Transaction ID : **SB23.5482**
Amount of Each Disbursement this Period: 1500.00

Memo Item

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

4000.00

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)

Full Name (Last, First, Middle Initial) A. CARLOS CURBELO CONGRESS			Date of Disbursement MM / DD / YYYY 03 / 28 / 2017	
Mailing Address 8724 SW 72ND ST #355 City MIAMI State FL Zip Code 33173			FEC Identification Number C00546846 Transaction ID : SB23.5464	
Purpose of Disbursement Candidate Name CURBELO, CARLOS MR., , ,			Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 26		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FRIENDS OF DAVID SCHWEIKERT			Date of Disbursement MM / DD / YYYY 02 / 27 / 2017	
Mailing Address 228 S WASHINGTON STREET STE 115 City ALEXANDRIA State VA Zip Code 22314			FEC Identification Number C00540617 Transaction ID : SB23.5453	
Purpose of Disbursement Candidate Name SCHWEIKERT, DAVID, , ,			Amount of Each Disbursement this Period 2500.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 06		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GEORGE HOLDING FOR CONGRESS INC.			Date of Disbursement MM / DD / YYYY 03 / 01 / 2017	
Mailing Address PO BOX 97187 City RALEIGH State NC Zip Code 27624			FEC Identification Number C00499236 Transaction ID : SB23.5458	
Purpose of Disbursement Candidate Name HOLDING, GEORGE E MR., , ,			Amount of Each Disbursement this Period 1000.00	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 02		Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Category/Type			<input type="checkbox"/> 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)

Full Name (Last, First, Middle Initial) A. HANDEL FOR CONGRESS, INC.		Date of Disbursement MM / DD / YYYY 03 / 08 / 2017
Mailing Address 4010 OLD MILTON PKWY		FEC Identification Number C00633362 Transaction ID : SB23.5444
City ALPHARETTA	State GA	Zip Code 30005
Purpose of Disbursement		Amount of Each Disbursement this Period 500.00
Candidate Name HANDEL, KAREN CHRISTINE, , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	<input type="checkbox"/> Memo Item
State: GA	District: 11	

Full Name (Last, First, Middle Initial) B. JEFF FLAKE FOR US SENATE INC		Date of Disbursement MM / DD / YYYY 01 / 31 / 2017
Mailing Address PO BOX 12512		FEC Identification Number C00347260 Transaction ID : SB23.5435
City TEMPE	State AZ	Zip Code 85284
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name FLAKE, JEFF, , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: AZ	District: 00	

Full Name (Last, First, Middle Initial) C. JOHNSON FOR CONGRESS		Date of Disbursement MM / DD / YYYY 01 / 31 / 2017
Mailing Address PO BOX 906		FEC Identification Number C00476820 Transaction ID : SB23.5438
City MARIETTA	State OH	Zip Code 45750
Purpose of Disbursement		Amount of Each Disbursement this Period 2700.00
Candidate Name JOHNSON, BILL, , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: OH	District: 06	

SUBTOTAL of Disbursements This Page (optional).....▶	4200.00
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)

Full Name (Last, First, Middle Initial) A. KYRSTEN SINEMA FOR CONGRESS			Date of Disbursement MM / DD / YYYY 03 / 30 / 2017
Mailing Address PO BOX 25879			FEC Identification Number C00508804 Transaction ID : SB23.5479
City TEMPE	State AZ	Zip Code 85285	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Memo Item
Candidate Name SINEMA, KYRSTEN, , ,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AZ	District: 09		

Full Name (Last, First, Middle Initial) B. MARTIN HEINRICH FOR SENATE			Date of Disbursement MM / DD / YYYY 01 / 24 / 2017
Mailing Address P.O. BOX 25763			FEC Identification Number C00434563 Transaction ID : SB23.5430
City ALBUQUERQUE	State NM	Zip Code 87125	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Memo Item
Candidate Name HEINRICH, MARTIN TREVOR, , ,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NM	District: 00		

Full Name (Last, First, Middle Initial) C. MARTIN HEINRICH FOR SENATE			Date of Disbursement MM / DD / YYYY 02 / 09 / 2017
Mailing Address P.O. BOX 25763			FEC Identification Number C00434563 Transaction ID : SB23.5450
City ALBUQUERQUE	State NM	Zip Code 87125	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Memo Item
Candidate Name HEINRICH, MARTIN, , ,			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NM	District: 01		

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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)

Full Name (Last, First, Middle Initial)

A. NEW DEMOCRAT COALITION PAC

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
NEW DEMOCRAT COALITION PAC

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23.5428

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address C/O G&W 2201 WISCONSIN AVE., NW
SUITE 320

City WASHINGTON State DC Zip Code 20007

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: 2017 Primary General Other (specify) ▼

State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23.5425

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. RYAN COSTELLO FOR CONGRESS

Mailing Address PO BOX 3154

City WEST CHESTER State PA Zip Code 19381

Purpose of Disbursement

Candidate Name
COSTELLO, RYAN A, , ,

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼

State: PA District: 06

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB23.5447

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. SCOTT PETERS FOR CONGRESS

Full Name (Last, First, Middle Initial)
SCOTT PETERS FOR CONGRESS

Date of Disbursement: 03 / 28 / 2017

Mailing Address: PO BOX 22074

City: SAN DIEGO State: CA Zip Code: 92192

Purpose of Disbursement: Category/Type

Candidate Name: PETERS, SCOTT, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: CA District: 52

FEC Identification Number: C00503110
Transaction ID: SB23.5467
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. TOM REED FOR CONGRESS

Full Name (Last, First, Middle Initial)
TOM REED FOR CONGRESS

Date of Disbursement: 03 / 09 / 2017

Mailing Address: PO BOX 10847

City: ROCHESTER State: NY Zip Code: 14610

Purpose of Disbursement: Category/Type

Candidate Name: REED, THOMAS W, , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NY District: 23

FEC Identification Number: C00464032
Transaction ID: SB23.5470
Amount of Each Disbursement this Period: 1500.00

Memo Item

C. WALDEN FOR CONGRESS

Full Name (Last, First, Middle Initial)
WALDEN FOR CONGRESS

Date of Disbursement: 03 / 09 / 2017

Mailing Address: PO BOX 1091

City: HOOD RIVER State: OR Zip Code: 97031

Purpose of Disbursement: Category/Type

Candidate Name: WALDEN, GREGORY P. MR., , ,

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: OR District: 02

FEC Identification Number: C00333427
Transaction ID: SB23.5461
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4000.00

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)

Full Name (Last, First, Middle Initial)

A. WALORSKI FOR CONGRESS INC

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement

Candidate Name
WALORSKI SWIHART, JACKIE, , ,

Office Sought: House Senate President
 Disbursement For: 2018 Primary General Other (specify) ▼
 State: IN District: 02

Date of Disbursement

/ /
 01 / 31 / 2017

FEC Identification Number

C C00468579

Transaction ID : SB23.5441

Amount of Each Disbursement this Period

1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1000.00

26700.00