

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 WASHINGTON DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER 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) [X] 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 04 / 01 / 2019 through 06 / 30 / 2019

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 / 15 / 2019

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="2019"/>	<input type="text" value="16399.04"/>	<input type="text" value="16399.04"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="20309.04"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="23470.65"/>	<input type="text" value="38470.65"/>
(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="43779.69"/>	<input type="text" value="54869.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15250.00"/>	<input type="text" value="26340.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="28529.69"/>	<input type="text" value="28529.69"/>
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).....	11690.65	11690.65
(ii) Unitemized .....	780.00	780.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12470.65	12470.65
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	11000.00	26000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	23470.65	38470.65
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)).....▶	23470.65	38470.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23470.65	38470.65

**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.....	15250.00	26340.00
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)) ..	15250.00	26340.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15250.00	26340.00

**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) .....	23470.65	38470.65
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23470.65	38470.65
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 17
	<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"/>	<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. Alexander, April, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2127 California St, NW #103  
 City Washington State DC Zip Code 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCMA Occupation (for Individual) Sr Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 04 / 10 / 2019  
**Transaction ID : SA11AI.6027**  
 Amount of Each Receipt this Period 280.00  
 Memo Item

**B. Bass, Kristin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 812 N. Jackson St  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Mgmt Assoc Occupation (for Individual) SVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt 04 / 10 / 2019  
**Transaction ID : SA11AI.6028**  
 Amount of Each Receipt this Period 1346.17  
 Memo Item

**C. Cosgrove, Andy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2212 N Quintana Street  
 City Arlington State VA Zip Code 22205  
 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 ▼ 269.22

Date of Receipt 04 / 10 / 2019  
**Transaction ID : SA11AI.6030**  
 Amount of Each Receipt this Period 269.22  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1895.39
<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 7 OF 17
<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 2704 Emmet Road			<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2019"/>
City Silver Spring	State MD	Zip Code 20902	<b>Transaction ID : SA11AI.6031</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="807.66"/>
Name of Employer (for Individual) PCMA		Occupation (for Individual) Sr Director	<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="807.66"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Kamal, Mostafa, M., ,</b>			Date of Receipt
Mailing Address 2 2nd Street, Apt 1705			<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2019"/>
City Jersey City	State NJ	Zip Code 07302	<b>Transaction ID : SA11AI.6019</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer (for Individual) Magellan Rx Management		Occupation (for Individual) CEO	<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="5000.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. McCarthy, Brian, , ,</b>			Date of Receipt
Mailing Address 1922 37th Street			<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2019"/>
City Washington	State DC	Zip Code 20007	<b>Transaction ID : SA11AI.6035</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="1153.80"/>
Name of Employer (for Individual) PCMA		Occupation (for Individual) Assist VP	<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="1153.80"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="6961.46"/>
<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 8 OF 17
<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. McCraw, Anne, , ,</b>		Date of Receipt
Mailing Address 3802 Fulton St, NW		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2019"/>
City Washington	State DC	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.6039</b>
Name of Employer (for Individual) PCMA		Occupation (for Individual) Sr Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="280.00"/>	Amount of Each Receipt this Period <input type="text" value="280.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Meier, Catherine, , ,</b>		Date of Receipt
Mailing Address 4471 Cascade Way		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2019"/>
City Woodbridge	State VA	Zip Code 22192
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.6038</b>
Name of Employer (for Individual) PCMA		Occupation (for Individual) Senior Director Federal Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	Amount of Each Receipt this Period <input type="text" value="350.00"/>
<input type="checkbox"/> Memo Item		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Rowley, Lauren, , ,</b>		Date of Receipt
Mailing Address 3415 Charlson Street		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2019"/>
City Annandale	State VA	Zip Code 22003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.6041</b>
Name of Employer (for Individual) PCMA		Occupation (for Individual) VP State
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1050.00"/>	Amount of Each Receipt this Period <input type="text" value="1050.00"/>
<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1680.00"/>
<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: PAGE 9 OF 17  
(check only one)

<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)**

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

Mailing Address 3011 N. Monroe Street

City Arlington	State VA	Zip Code 22207
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management	Occupation (for Individual) President & CEO
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1153.80

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		10		2019

**Transaction ID : SA11A1.6044**

Amount of Each Receipt this Period  
1153.80

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  

M M	/	D D	/	Y Y Y Y

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  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1153.80
<b>TOTAL</b> This Period (last page this line number only).....	11690.65

**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 17
<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. ANTHEM, INC. POLITICAL ACTION COMMITTEE (ANTHEM PAC)**

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

Mailing Address 1001 PENNSYLVANIA AVENUE, NW  
SUITE 710

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00197228

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
04 / 10 / 2019  
**Transaction ID : SA11C.6025**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. 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

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  
04 / 30 / 2019  
**Transaction ID : SA11C.6022**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. PRIME THERAPEUTICS LLC EMPLOYEE PAC (PRIMEPAC)**

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

Mailing Address 1305 CORPORATE CENTER DR

City EAGAN State MN Zip Code 55121

FEC ID number of contributing federal political committee. **C** C00498105

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 31 / 2019  
**Transaction ID : SA11C.6020**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	11000.00

**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 / 27 / 2019
Mailing Address P.O. BOX 22116		FEC Identification Number C 000575209 <b>Transaction ID : SB23.6000</b> Amount of Each Disbursement this Period 1000.00
City EAGAN	State MN	Zip Code 55122
Purpose of Disbursement		Category/ Type
Candidate Name <b>CRAIG, ANGELA DAWN, , ,</b>		
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 / 27 / 2019
Mailing Address PO BOX 606		FEC Identification Number C 000408534 <b>Transaction ID : SB23.5965</b> Amount of Each Disbursement this Period 500.00
City TARPON SPRINGS	State FL	Zip Code 34688
Purpose of Disbursement		Category/ Type
Candidate Name <b>BILIRAKIS, GUS M, , ,</b>		
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. BILL CASSIDY FOR US SENATE</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2019
Mailing Address PO BOX 80505		FEC Identification Number C 000543983 <b>Transaction ID : SB23.5985</b> Amount of Each Disbursement this Period 1000.00
City BATON ROUGE	State LA	Zip Code 70898
Purpose of Disbursement		Category/ Type
Candidate Name <b>CASSIDY, WILLIAM, , ,</b>		
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: LA	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<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)**

**A. FRIENDS OF PAUL MITCHELL**

Full Name (Last, First, Middle Initial)  
Mailing Address 4068 HOUGH RD

City DRYDEN State MI Zip Code 48428

Purpose of Disbursement

Candidate Name  
**MITCHELL, PAUL III, , ,**

Office Sought:  House  Senate  President  
State: MI District: 10

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 06 / 27 / 2019

FEC Identification Number: **C00581090**  
Transaction ID : **SB23.5977**  
Amount of Each Disbursement this Period: 500.00

Memo Item

**B. GUY FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 23177

City PITTSBURGH State PA Zip Code 15222

Purpose of Disbursement

Candidate Name  
**RESCHENTHALER, GUY MR., , ,**

Office Sought:  House  Senate  President  
State: PA District: 14

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 06 / 27 / 2019

FEC Identification Number: **C00657833**  
Transaction ID : **SB23.5968**  
Amount of Each Disbursement this Period: 250.00

Memo Item

**C. JASON SMITH FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 1324

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement

Candidate Name  
**SMITH, JASON T, , ,**

Office Sought:  House  Senate  President  
State: MO District: 08

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 06 / 27 / 2019

FEC Identification Number: **C00541862**  
Transaction ID : **SB23.5974**  
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)..... ▶

1250.00

**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  
State: OH District: 06  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2019

FEC Identification Number

**C** C00476820

**Transaction ID : SB23.5980**

Amount of Each Disbursement this Period

2500.00

Memo Item

**B. KATHERINE CLARK FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 159

City BELMONT State MA Zip Code 02478

Purpose of Disbursement

Candidate Name  
**CLARK, KATHERINE, , ,**

Office Sought:  House  Senate  President  
State: MA District: 05  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2019

FEC Identification Number

**C** C00541888

**Transaction ID : SB23.6003**

Amount of Each Disbursement this Period

500.00

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  
State: IL District: 18  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 27 / 2019

FEC Identification Number

**C** C00575050

**Transaction ID : SB23.6013**

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)..... ▶

4000.00

# 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)

### A. LARSON FOR CONGRESS

Mailing Address PO BOX 261172

City  
HARTFORD

State  
CT

Zip Code  
06126

Purpose of Disbursement

Candidate Name

**LARSON, JOHN B, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: CT District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	9

FEC Identification Number

**C** C00330142

**Transaction ID : SB23.6006**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

### B. MARTHA ROBY FOR CONGRESS

Mailing Address PO BOX 195

City  
MONTGOMERY

State  
AL

Zip Code  
36101

Purpose of Disbursement

Candidate Name

**ROBY, MARTHA, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify)

State: AL District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	9

FEC Identification Number

**C** C00462143

**Transaction ID : SB23.5962**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Memo Item

Full Name (Last, First, Middle Initial)

### C. MCCONNELL SENATE COMMITTEE

Mailing Address PO BOX 1496

City  
LOUISVILLE

State  
KY

Zip Code  
40201

Purpose of Disbursement

Candidate Name

**MCCONNELL, MITCH, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

State: KY District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	9

FEC Identification Number

**C** C00193342

**Transaction ID : SB23.5991**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Memo Item

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

3	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only).....▶

3	5	0	0	0	0	0	0	0	0
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**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. MICHAEL WALTZ FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 437 OCEAN GROVE CIRCLE

City ST AUGUSTINE State FL Zip Code 32080

Purpose of Disbursement

Candidate Name  
**WALTZ, MICHAEL, , ,**

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

State: FL District: 06

Date of Disbursement: 06 / 27 / 2019

FEC Identification Number: **C00666396**  
Transaction ID : **SB23.5971**  
Amount of Each Disbursement this Period: 500.00

Memo Item

**B. MIKIE SHERRILL FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. BOX 43032

City MONTCLAIR State NJ Zip Code 07043

Purpose of Disbursement

Candidate Name  
**SHERRILL, MIKIE, , ,**

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

State: NJ District: 11

Date of Disbursement: 06 / 27 / 2019

FEC Identification Number: **C00640003**  
Transaction ID : **SB23.6010**  
Amount of Each Disbursement this Period: 500.00

Memo Item

**C. PORTMAN FOR SENATE COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 9856 ARCHER LANE

City DUBLIN State OH Zip Code 43017

Purpose of Disbursement

Candidate Name  
**PORTMAN, ROB THE HONORA, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: OH District: 00

Date of Disbursement: 06 / 27 / 2019

FEC Identification Number: **C00458463**  
Transaction ID : **SB23.5997**  
Amount of Each Disbursement this Period: 500.00

Memo Item

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

1500.00

**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. SENSENBRENNER COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 575

City BROOKFIELD State WI Zip Code 53008

Purpose of Disbursement

Candidate Name  
**SENSENBRENNER, F. JAMES JR., , ,**

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

State: WI District: 05

Date of Disbursement: 04 / 10 / 2019

FEC Identification Number: **C00083428**  
**Transaction ID : SB23.5956**  
Amount of Each Disbursement this Period: 500.00

Memo Item

**B. 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 / 27 / 2019

FEC Identification Number: **C00508804**  
**Transaction ID : SB23.5988**  
Amount of Each Disbursement this Period: 500.00

Memo Item

**C. TOM RICE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 70098

City MYRTLE BEACH State SC Zip Code 29572

Purpose of Disbursement

Candidate Name  
**RICE, TOM, , ,**

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

State: SC District: 07

Date of Disbursement: 06 / 27 / 2019

FEC Identification Number: **C00506048**  
**Transaction ID : SB23.5994**  
Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1500.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

FOR LINE NUMBER:  
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<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. UPTON FOR ALL OF US**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 490

City SAINT JOSEPH State MI Zip Code 49085

Purpose of Disbursement  Category/Type

Candidate Name  
**UPTON, FREDERICK STEPHEN, , ,**

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

State: MI District: 06

Date of Disbursement: 06 / 27 / 2019

FEC Identification Number: **C** C00200584  
Transaction ID : **SB23.5959**  
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  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

**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).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15250.00