

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 325 7TH ST, NW
9TH FLOOR
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:
 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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [04] / [01] / [2021] through [06] / [30] / [2021]

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] / [14] / [2021]

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="2021"/>	<input type="text" value="28669.08"/>	<input type="text" value="28669.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5169.08"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="16208.24"/>	<input type="text" value="21208.24"/>
(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="21377.32"/>	<input type="text" value="49877.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13500.00"/>	<input type="text" value="42000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7877.32"/>	<input type="text" value="7877.32"/>
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

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).....	5169.70	5169.70
(ii) Unitemized	1038.54	1038.54
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6208.24	6208.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	16208.24	21208.24
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)).....▶	16208.24	21208.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	16208.24	21208.24

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.....	13500.00	42000.00
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)) ..	13500.00	42000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	42000.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	16208.24	21208.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16208.24	21208.24
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 checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 880 New Jersey Ave
 1117

City DC	State DC	Zip Code 20003
------------	-------------	-------------------

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 ▼
 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2021

Transaction ID : SA11AI.4608

Amount of Each Receipt this Period
 360.00

Memo Item

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

Mailing Address 9 Fourth Street

City Pequanock	State NJ	Zip Code 07440
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 PCMA Senior Director, State Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2021

Transaction ID : SA11AI.4610

Amount of Each Receipt this Period
 576.90

Memo Item

C. Dube, Tim, , ,
 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 ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2021

Transaction ID : SA11AI.4611

Amount of Each Receipt this Period
 240.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1176.90
TOTAL 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: PAGE 7 OF 13
(check only one)
 11a 13 11b 14 11c 15 12 16 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2021
Transaction ID : SA11AI.4618
 Amount of Each Receipt this Period
 1153.80
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2021
Transaction ID : SA11AI.4621
 Amount of Each Receipt this Period
 900.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2021
Transaction ID : SA11AI.4622
 Amount of Each Receipt this Period
 1153.80
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3207.60
TOTAL 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: PAGE 8 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Stivers, Regina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 W Third St
 City Frankford State KY Zip Code 40601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) Director, Statre Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 06 / 2021
Transaction ID : SA11AI.4629
 Amount of Each Receipt this Period
 485.20
 Memo Item

B. Winiarek, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 619 Shirley Ave
 City Norfolk State VA Zip Code 23517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) VP Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 20 / 2021
Transaction ID : SA11AI.4626
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	785.20
TOTAL This Period (last page this line number only).....	5169.70

**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 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2021
Transaction ID : SA11C.4599
 Amount of Each Receipt this Period
 5000.00
 Memo Item

B. MAGELLAN HEALTH, INC. EMPLOYEE COMMITTEE FOR GOOD GOVERNMENT
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8621 ROBERT FULTON DRIVE
 City COLUMBIA State MD Zip Code 21046
 FEC ID number of contributing federal political committee. **C** C00247262
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 01 / 2021
Transaction ID : SA11C.4601
 Amount of Each Receipt this Period
 5000.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. FRIENDS OF TODD YOUNG, INC.

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3743

City CARMEL State IN Zip Code 46082

Purpose of Disbursement

Candidate Name
YOUNG, TODD CHRISTOPHER, , ,

Office Sought: House Senate President
Disbursement For: 2021 Primary General Other (specify) ▼

State: IN District: 00

Date of Disbursement: 06 / 23 / 2021

FEC Identification Number: C S6IN00191
Transaction ID : SB23.4584
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. FUTURE FORUM PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement: 06 / 23 / 2021

FEC Identification Number: C C00625988
Transaction ID : SB23.4580
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. KATHLEEN RICE FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 744

City MINEOLA State NY Zip Code 11501

Purpose of Disbursement

Candidate Name
RICE, KATHLEEN, , ,

Office Sought: House Senate President
Disbursement For: 2021 Primary General Other (specify) ▼

State: NY District: 04

Date of Disbursement: 06 / 20 / 2021

FEC Identification Number: C C00555813
Transaction ID : SB23.4574
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 6000.00

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. KURT SCHRADER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2021 Primary General Other (specify) ▼

State: OR District: 05

Date of Disbursement: 06 / 23 / 2021

FEC Identification Number: C00446906

Transaction ID : SB23.4596

Amount of Each Disbursement this Period: 1000.00

Memo Item

B. 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

Office Sought: House Senate President

Disbursement For: 2021 Primary General Other (specify) ▼

State: IL District: 18

Date of Disbursement: 06 / 23 / 2021

FEC Identification Number: C00575050

Transaction ID : SB23.4593

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. LORI TRAHAN FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 1161

City LOWELL State MA Zip Code 01853

Purpose of Disbursement

Candidate Name TRAHAN, LORI, , ,

Office Sought: House Senate President

Disbursement For: 2021 Primary General Other (specify) ▼

State: MA District: 03

Date of Disbursement: 06 / 23 / 2021

FEC Identification Number: C00655647

Transaction ID : SB23.4577

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. NEVADANS FOR STEVEN HORSFORD

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 336664

City NORTH LAS VEGAS State NV Zip Code 89033

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NV District: 04

Disbursement For: 2021
 Primary General
 Other (specify) ▼

Date of Disbursement: 06 / 23 / 2021

FEC Identification Number: C00668228
Transaction ID : SB23.4587
Amount of Each Disbursement this Period: 500.00

Memo Item

B. NRSC

Full Name (Last, First, Middle Initial)
Mailing Address 425 2ND STREET NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement: 06 / 23 / 2021

FEC Identification Number: C00027466
Transaction ID : SB23.4606
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. STEPHANIE MURPHY FOR CONGRESS

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

City WINTER PARK State FL Zip Code 32790

Purpose of Disbursement

Candidate Name
MURPHY, STEPHANIE, , ,

Office Sought: House Senate President
State: FL District: 07

Disbursement For: 2021
 Primary General
 Other (specify) ▼

Date of Disbursement: 04 / 29 / 2021

FEC Identification Number: C00620443
Transaction ID : SB23.4567
Amount of Each Disbursement this Period: 1000.00

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)

A. TOM O'HALLERAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 63992

City PHOENIX State AZ Zip Code 85082

Purpose of Disbursement Category/Type

Candidate Name
O'HALLERAN, TOM, , ,

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

State: AZ District: 01

Date of Disbursement: MM / DD / YYYY
06 / 20 / 2021

FEC Identification Number: **C** C00582890
Transaction ID : **SB23.4570**
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: MM / DD / YYYY

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: MM / DD / YYYY

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	13500.00