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## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) 601 PENNSYLVANIA AVENUE NW STE 740 ADDRESS (number and street) Check if different than previously WASHINGTON DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00388819 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 04 0 1 2010 06 30 2010 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jonathan Heafitz Type or Print Name of Treasurer Electronically Filed by Jonathan Heafitz 07 12 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

## **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2010 Y Y Y		20128.21
	(b) Cash on Hand at Begining of Reporting Period	30128.21	
	(c) Total Receipts (from Line 19)	10000.00	20000.00
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	40128.21	40128.21
7.	Total Disbursements (from Line 31)	7900.00	7900.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32228.21	32228.21
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

#### For further information contact:

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

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

FE6AN026

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#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 8

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Report Covering the Period: From:

M M M 0 4 0 1 Y Y W Y O 6 0 6 3 0 Y 2 0 1 0

COLUMN A COLUMN B

	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	5000.00
	(ii) Unitemized	0.00	0.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	5000.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	10000.00	15000.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10000.00	20000.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
10.	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 Transfer (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))	10000.00	20000.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	10000.00	20000.00

### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(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
2. Transfers to Affiliated/Other Party  Committees	0.00	0.00
3. Contributions to	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	7900.00	7900.00
4. Independent Expenditure	0.00	0.00
(use Schedule E)5. Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
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	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
O. Other Disbursements	0.00	0.00
D. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
· ·	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
1. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	7900.00	7900.00
2. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	7000.00	7000.00
from Line 31)	7900.00	7900.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 8

	III Net Contributions/Operating	COLUMN A	COLUMN B	
III. Net Contributions/Operating Expenditures		Total This Period	Calendar Year-to-Date	
	otal Contributions (other than loans) rom Line 11(d), page 3)	10000.00	20000.00	
	otal Contribution Refunds	0.00	0.00	
	let Contributions (other than loans) subtract Line 34 from Line 33)	10000.00	20000.00	
	otal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))	0.00	0.00	
	Offsets to Operating Expenditures from Line 15, page 3)	0.00	0.00	
	let Operating Expenditures subtract Line 37 from Line 36)	0.00	0.00	

FE6AN026

	SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 8 (check only one)  11a 11b X 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  PHARMACEUTICAL CARE MANAGE	he name and add	dress of any political committee	e to solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) EXPRESS SERVICES INC PAC Mailing Address 8516 NW EXPRESS	SWAY		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City OKLAHOMA CITY FEC ID number of contributing federal political committee.	State OK	Zip Code 73162 0302240	Transaction ID: SA11C.4651  Amount of Each Receipt this Period  5000.00
	Name of Employer  Receipt For: Primary Other (specify)	Occupatio  Aggregate	n e Year-to-Date ▼ 5000.00	
В.	Full Name (Last, First, Middle Initial) MEDCO HEALTH SOLUTIONS INC. POLITIC Mailing Address 2350 KERNER BLVI			TH PAC) Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City SAN RAFAEL FEC ID number of contributing federal political committee.	State CA	Zip Code 94901 0384362	Transaction ID: SA11C.4653  Amount of Each Receipt this Period  5000.00
	Name of Employer	Occupatio	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 5000.00	

		1000000
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	10000.00
TOTAL This Period (last page this line number only)	<b>•</b>	10000.00

Cheshire CT 06410  Purpose of Disbursement  Candidate Name CHRISTOPHER SCOTT MURPHY  Office Sought:	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
nor for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)  Full Name (Last, First, Middle Initial)  COMMITTEE TO ELECT CHRIS MURPHY  Mailing Address P.O. Box 127  City Cheshire CT 06410  Purpose of Disbursement  Candidate Name CHRISTOPHER SCOTT MURPHY  Office Sought: X House President State: CT District: 05  Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  Mailing Address 438 Lewis Avenue  City Brooklyn  Office Sought: X House Senate President State: NY District: 10  Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  Mailing Address 438 Lewis Avenue  City Brooklyn  Office Sought: X House Senate President State: NY District: 10  Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  Mailing Address 438 Lewis Avenue  City Senate President Senate Other (specify) ▼  Transaction ID: SB23.4658 Date of Disbursement ibis President Candidate Name Candidate Name Committee to solicit contributions from such committee (PCMA PAC)  Transaction ID: SB23.4658 Date of Disbursement bis President Other (specify) ▼  Transaction ID: SB23.4658 Date of Disbursement bis President Other (specify) ▼  Amount of Each Disbursement bis President Date of Disbursement  Office Sought: X House Senate President District 10  Primary X General President Other (specify) ▼  Office Sought: X House Senate President Other (specify) ▼	TEMIZED DISBURSEMENTS		21b	22 X 23 24 25
Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHRIS MURPHY  Mailing Address P.O. Box 127  City State Zip Code CT 06410  Purpose of Disbursement Candidate Name CHRISTOPHER SCOTT MURPHY  Citic Sought: X House President City State Zip Code Other (specify) ▼  Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  Mailing Address 438 Lewis Avenue  City State Zip Code Ny 11233  Purpose of Disbursement  Candidate Name CENT State Ny District: 05  Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  Office Sought: X House Disbursement For: 2010 Senate President State: NY District: 10  City State Zip Code Ny 11233  Purpose of Disbursement Candidate Name EDOLPPHUS TOWNS  Office Sought: X House Disbursement For: 2010 Senate President State: NY District: 10  Committee To RE-ELECT ED TOWNS  Mailing Address 438 Lewis Avenue  City State Xip Code Ny 11233  Purpose of Disbursement  Candidate Name EDOLPPHUS TOWNS  Other (specify) ▼  Transaction ID: SB23.4658 Date of Disbursement this Pc  Category/ Type  Transaction ID: SB23.4658 Date of Disbursement Init Pc  Category/ Type  Transaction ID: SB23.4658 Date of Disbursement Init Pc  Category/ Type  Amount of Each Disbursement To Date of Date of Date of Disbursement To Date of Date of Date of Disbursement To Date of				
Date of Disbursement    Mailing Address   P.O. Box 127	` '	ENT ASSOCIATION POLIT	FICAL ACTION	I COMMITTEE (PCMA PAC)
City Cheshire CT 06410  Purpose of Disbursement  Candidate Name CHRISTOPHER SCOTT MURPHY  Office Sought: X House Senate President Scott District: 05  Full Name (Last, First, Middle Initial)  Committed Name Characteristics Name Contidate Name Characteristics Name Name Characteristics Name Name Name Name Name Name Name Name		НY		Date of Disbursement
Cheshire CT 06410  Purpose of Disbursement  Candidate Name CHRISTOPHER SCOTT MURPHY  Office Sought:	Mailing Address P.O. Box 127			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 4 \\ 0 & 1 & 4 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 0 & 2 & 0 & 1 & 0 \end{bmatrix}$
Candidate Name CHRISTOPHER SCOTT MURPHY  Office Sought:				Amount of Each Disbursement this Period
CHRISTOPHER SCOTT MURPHY  Office Sought:				1500.00
Senate President State: CT District: 05  Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  Mailing Address 438 Lewis Avenue  City State Zip Code NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought: X House Primary General President State: NY District: 10  Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  Office Sought: X House Primary General President Office Sought: X Primary General President Office Sought: X Primary General President Office Sought: X Primary General Office Sought: X Primary General President Office Sought: X Primary General Office Sought: X Primary General President Office Sought: X Primary General Office Sought: X Primary State Zip Code NY 11233  Purpose of Disbursement For: Category/ Type  Office Sought: X House Senate Primary X General Office Sought: X House Primary X	CHRISTOPHER SCOTT MURPHY		0 ,	
Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  Mailing Address 438 Lewis Avenue  City Brooklyn Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Mailing Address 438 Lewis Avenue  Candidate Name EDOLPHUS TOWNS  City Senate President State: NY District: 10  Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  City Brooklyn  State  Zip Code NY 11233  Amount of Each Disbursement this Pa Category/ Type  Transaction ID: SB23.4661  Date of Disbursement  Candidate Name EDOLPHUS TOWNS  Committed the part of Disbursement  City Brooklyn  City State Brooklyn  Candidate Name EDOLPHUS TOWNS  City Brooklyn  Candidate Name EDOLPHUS TOWNS  Disbursement  Disbursement For:  Category/ Type  Category/ Type  Code Disbursement  Cadegory/ Type  Code Disbursement  Disbursement For:  Category/ Type  Code Disbursement  Code Disbursement  Disbursement For:  Category/ Type  Code Disbursement  Code Disbursement  Disbursement For:  Category/ Type  Code Disbursement  Code Disbursement  Disbursemen	Senate President	X Primary General		
Mailing Address 438 Lewis Avenue  City State Zip Code Brooklyn NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought: X House President President State: NY District: 10  Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  Mailing Address 438 Lewis Avenue  City State Zip Code Beneral Other (specify) ▼  Transaction ID: SB23.4661 Date of Disbursement this Peneral Date of Disbursement Top: 2010 Disbursement Top: 2010 Disbursement Top: 2010 Disbursement Top: 2010 Senate President Disbursement For: 2010 Senate President Other (specify) ▼  Office Sought: X House Disbursement For: 2010 Senate President Other (specify) ▼  Other (specify) ▼				Transaction ID: SB23 4658
City State Zip Code NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought: X House Senate President State: NY District: 10  Full Name (Last, First, Middle Initial)  COMMITTE TO RE-ELECT ED TOWNS  Mailing Address 438 Lewis Avenue  City State Zip Code NY 11233  Purpose of Disbursement  City State Zip Code NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Category/ Type  Amount of Each Disbursement this Permany State S				Date of Disbursement
Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought: X House Senate President Other (specify) ▼  State: NY District: 10  Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  Mailing Address 438 Lewis Avenue  City State Zip Code Brooklyn NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Category/ Type  Transaction ID: SB23.4661 Date of Disbursement  Mailing Address 438 Lewis Avenue  City State Zip Code NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought: X House Senate Primary X General Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Other (specify) ▼	Mailing Address 438 Lewis Avenue			06 14 2010
Candidate Name EDOLPHUS TOWNS  Office Sought:				Amount of Each Disbursement this Period
Transaction ID: SB23.4661 Date of Disbursement  State: NY District: 10  Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  Mailing Address 438 Lewis Avenue  City Brooklyn Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought: X House President  Disbursement For: 2010 X Primary General Other (specify) ▼  Transaction ID: SB23.4661 Date of Disbursement  M M M / D D D D D D D D D D D D D D D D	Purpose of Disbursement		•	2400.00
Senate President Other (specify) ▼  State: NY District: 10  Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  Mailing Address 438 Lewis Avenue  City State Zip Code Brooklyn NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Category/ Type  Office Sought: X House Senate Primary X General Other (specify) ▼  Other (specify) ▼  Other (specify) ▼  Transaction ID: SB23.4661 Date of Disbursement  Amount of Each Disbursement this Perimary X General Other (specify) ▼				
Full Name (Last, First, Middle Initial) COMMITTE TO RE-ELECT ED TOWNS  Mailing Address 438 Lewis Avenue  City State Zip Code Brooklyn NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought: X House Senate Primary X General Other (specify) ▼  Other (specify) ▼  Transaction ID: SB23.4661 Date of Disbursement  Amount of Each Disbursement this Personal Other (specify) ▼	Senate President	X Primary General		
City State Zip Code Brooklyn NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought: X House Senate Primary X General President  President  State Zip Code NY 11233  Amount of Each Disbursement this Persident For: 2010  General Other (specify)	Full Name (Last, First, Middle Initial)			
Brooklyn NY 11233  Purpose of Disbursement  Candidate Name EDOLPHUS TOWNS  Office Sought:	Mailing Address 438 Lewis Avenue			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & A \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & A & O \end{bmatrix}$
Candidate Name EDOLPHUS TOWNS  Office Sought: X House Senate Primary X General President Other (specify)				Amount of Each Disbursement this Period
EDOLPHUS TOWNS  Office Sought:  X House Senate Primary President  Disbursement For: Primary  X General Other (specify)  ▼	Purpose of Disbursement			600.00
Senate Primary X General President Other (specify) ▼				
	Senate	Primary X General		

A.

В.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE NI (check only o	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEMEN	T ASSOCIATION POLITICA	AL ACTION (	COMMITTEE (PCMA PAC)
Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC			Transaction ID: SB23.4640 Date of Disbursement
Mailing Address PO BOX 1000			$\begin{bmatrix} M & M \\ O & G \end{bmatrix}^{M} \begin{bmatrix} D & D \\ D & D \end{bmatrix}^{M} \begin{bmatrix} V & Y & Y & Y \\ Q & D & I & O \end{bmatrix}^{Y}$
	State Zip Code IA 50304		Amount of Each Disbursement this Period
Purpose of Disbursement			1000.00
Candidate Name		ategory/ Type	
Office Sought:    House   Disburse     X Senate   President	ment For: 2010 Primary X General Other (specify) ▼		
State: IA District: 00			
Full Name (Last, First, Middle Initial) FRANK JR PALLONE			Transaction ID: SB23.4646 Date of Disbursement
Mailing Address 1187 OCEAN AVE			06 14 2010
	State Zip Code NJ 07740		Amount of Each Disbursement this Period
Purpose of Disbursement	Г		2400.00
Candidate Name PALLONE FOR CONGRESS	C	ategory/ Type	
Office Sought: X House Disburse Senate President	ment For: 2010 Primary X General Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	<b>&gt;</b>	3400.00
TOTAL This Period (last page this line number only)	•	7900.00

State: NJ

District: 06