



**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="13033.47"/>	<input type="text" value="13033.47"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13033.47"/>	
(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="28033.47"/>	<input type="text" value="28033.47"/>
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="1333.47"/>	<input type="text" value="1333.47"/>
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

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

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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) .....	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

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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  

M M M	/	D D D	/	Y Y Y Y Y Y
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
--------------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
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
--------------------	-------------	-------------------

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  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2017

**Transaction ID : SA11C.5490**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	15000.00
<b>TOTAL</b> 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)**

Full Name (Last, First, Middle Initial) <b>A. BERA FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY 03 / 15 / 2017	
Mailing Address PO BOX 582496			FEC Identification Number C00461061 <b>Transaction ID : SB23.5473</b> Amount of Each Disbursement this Period 1000.00	
City ELK GROVE	State CA	Zip Code 95758	Memo Item <input type="checkbox"/>	
Purpose of Disbursement		Category/Type		
Candidate Name <b>BERA, AMERISH, , ,</b>				
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: CA	District: 07			

Full Name (Last, First, Middle Initial) <b>B. BILIRAKIS FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY 03 / 22 / 2017	
Mailing Address PO BOX 606			FEC Identification Number C00408534 <b>Transaction ID : SB23.5476</b> Amount of Each Disbursement this Period 1500.00	
City TARPON SPRINGS	State FL	Zip Code 34688	Memo Item <input type="checkbox"/>	
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: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: FL	District: 12			

Full Name (Last, First, Middle Initial) <b>C. BILLY LONG FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY 03 / 31 / 2017	
Mailing Address 3246 E RIDGEVIEW ST			FEC Identification Number C00460063 <b>Transaction ID : SB23.5482</b> Amount of Each Disbursement this Period 1500.00	
City SPRINGFIELD	State MO	Zip Code 65804	Memo Item <input type="checkbox"/>	
Purpose of Disbursement		Category/Type		
Candidate Name <b>LONG, BILLY MR., , ,</b>				
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: MO	District: 07			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4000.00
<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. CARLOS CURBELO CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address 8724 SW 72ND ST #355

City MIAMI State FL Zip Code 33173

Purpose of Disbursement

Candidate Name CURBELO, CARLOS MR., , ,

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

State: FL District: 26

Date of Disbursement: 03 / 28 / 2017

FEC Identification Number: C00546846  
Transaction ID : SB23.5464  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. FRIENDS OF DAVID SCHWEIKERT**

Full Name (Last, First, Middle Initial)

Mailing Address 228 S WASHINGTON STREET STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name SCHWEIKERT, DAVID, , ,

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

State: AZ District: 06

Date of Disbursement: 02 / 27 / 2017

FEC Identification Number: C00540617  
Transaction ID : SB23.5453  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. GEORGE HOLDING FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement

Candidate Name HOLDING, GEORGE E MR., , ,

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

State: NC District: 02

Date of Disbursement: 03 / 01 / 2017

FEC Identification Number: C00499236  
Transaction ID : SB23.5458  
Amount of Each Disbursement this Period: 1000.00

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

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

Full Name (Last, First, Middle Initial) <b>C. JOHNSON FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 01 / 31 / 2017
Mailing Address PO BOX 906		FEC Identification Number C00476820 <b>Transaction ID : SB23.5438</b>
City MARIETTA	State OH	Zip Code 45750
Purpose of Disbursement		Amount of Each Disbursement this Period 2700.00
Candidate Name <b>JOHNSON, BILL, , ,</b>		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"/> 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)**

**A. NEW DEMOCRAT COALITION PAC**

Full Name (Last, First, Middle Initial)

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: 01 / 23 / 2017

FEC Identification Number: C00049730  
**Transaction ID : SB23.5428**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Full Name (Last, First, Middle Initial)

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: 01 / 23 / 2017

FEC Identification Number: C00165159  
**Transaction ID : SB23.5425**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. RYAN COSTELLO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

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: 03 / 28 / 2017

FEC Identification Number: C00554899  
**Transaction ID : SB23.5447**  
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)..... ▶

6000.00

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

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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. SCOTT PETERS FOR CONGRESS**

Mailing Address PO BOX 22074

City SAN DIEGO State CA Zip Code 92192

Purpose of Disbursement

Candidate Name  
**PETERS, SCOTT, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2017

FEC Identification Number

**C** C00503110  
**Transaction ID : SB23.5467**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TOM REED FOR CONGRESS**

Mailing Address PO BOX 10847

City ROCHESTER State NY Zip Code 14610

Purpose of Disbursement

Candidate Name  
**REED, THOMAS W, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NY District: 23

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2017

FEC Identification Number

**C** C00464032  
**Transaction ID : SB23.5470**  
Amount of Each Disbursement this Period  
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. WALDEN FOR CONGRESS**

Mailing Address PO BOX 1091

City HOOD RIVER State OR Zip Code 97031

Purpose of Disbursement

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

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

Date of Disbursement

MM / DD / YYYY  
03 / 09 / 2017

FEC Identification Number

**C** C00333427  
**Transaction ID : SB23.5461**  
Amount of Each Disbursement this Period  
1500.00

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)**

**A. WALORSKI FOR CONGRESS INC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546

Purpose of Disbursement  Category/Type

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  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).....▶	26700.00