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**McKenna Long
 & Aldridge**
 Attorneys at Law

1900 K Street, NW • Washington, DC 20006
 202.496.7500 • Fax: 202.496.7756
 www.mckennalong.com

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San Diego
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July 25, 2003

Jacqueline A. Henson
 202-496-7549
 jhenson@mckennalong.com

VIA MESSENGER

Federal Election Commission
 999 E Street, NW
 Mailroom, First Floor
 Washington, DC 20463

**Re: Pharmaceutical Care Management Association Political Action
 Committee (aka PCMA PAC) – FEC Form 1**

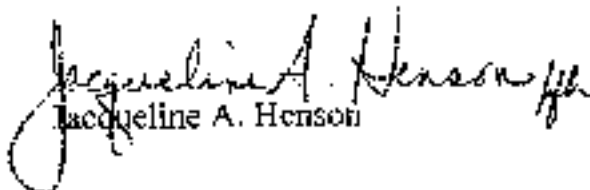
Dear Sir or Madam:

Enclosed for filing with your office please find a fully executed copy of FEC Form 1, Statement of Organization, for the newly created Pharmaceutical Care Management Association Political Action Committee (aka PCMA PAC).

I have also enclosed a second copy of the Form 1. Please stamp it with the filing date and give it to the messenger who will return it to me.

If you have any questions, please call me.

Sincerely,


 Jacqueline A. Henson

Enclosure(s)

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. **12 PR4MS**

Pharmaceutical Care Management Association
Political Action Committee ("PCMA PAC")

ADDRESS (number and street) **601 Pennsylvania Avenue, N.W.**
Suite 740
 (Check if address is changed) **Washington** **DC** **20004** - **2501**
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
202 - **207** - **3523**

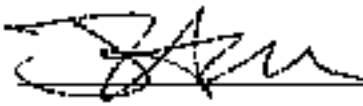
2. DATE **07** / **25** / **2003**

3. FEC IDENTIFICATION NUMBER **C**

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have exhibited this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Murray

Signature of Treasurer  Date **07** / **25** / **2003**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGES IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation _____ Office Sought: House Senate President State _____ District _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Pharmaceutical Care Management Association

501 Pennsylvania Avenue, N.W.
 Suite 740
 Washington DC 20004 2601
 CITY STATE ZIP CODE

Relationship Connected Organization

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Pharmaceutical Care Management Association Political Action Committee

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name John Murray
 Mailing Address Pharmaceutical Care Management Association
601 Pennsylvania Avenue, N.W., Suite 740
Washington DC 20004-2501

Title or Position Treasurer CITY Washington STATE DC ZIP CODE 20004-2501
 Telephone number 202-207-3610

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer John Murray
 Mailing Address Pharmaceutical Care Management Association
601 Pennsylvania Avenue, N.W., Suite 740
Washington DC 20004-2601

Title or Position Treasurer CITY Washington STATE DC ZIP CODE 20004-2601
 Telephone number 202-207-3610

Full Name of Designated Agent _____
 Mailing Address _____

Title or Position _____ CITY _____ STATE _____ ZIP CODE _____
 Telephone number _____

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

1001 Pennsylvania Avenue, N.W.

Washington

DC

20004-2601

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 7/29/03
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>ML</i> PREPARER	7/29/03 DATE PREPARED

2003年7月29日 星期二 14:00:00