

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) [] July 15 Quarterly Report (Q2) [X] 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 07 / 01 / 2019 through 09 / 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 10 / 14 / 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="28529.69"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11110.66"/>	<input type="text" value="49581.31"/>
(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="39640.35"/>	<input type="text" value="65980.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="21250.00"/>	<input type="text" value="47590.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18390.35"/>	<input type="text" value="18390.35"/>
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

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: M M / D D / Y Y Y Y 07 / 01 / 2019 To: M M / D D / Y Y Y Y 09 / 30 / 2019

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).....	5930.66	17621.31
(ii) Unitemized	180.00	960.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6110.66	18581.31
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	31000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11110.66	49581.31
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)).....▶	11110.66	49581.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11110.66	49581.31

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.....	21250.00	47590.00
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)) ..	21250.00	47590.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21250.00	47590.00

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)	11110.66	49581.31
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11110.66	49581.31
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:	PAGE 6 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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 ▼ 520.00

Date of Receipt 07 / 02 / 2019
Transaction ID : SA11AI.6135
 Amount of Each Receipt this Period 240.00
 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 ▼ 2500.03

Date of Receipt 07 / 02 / 2019
Transaction ID : SA11AI.6136
 Amount of Each Receipt this Period 1153.86
 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 ▼ 346.14

Date of Receipt 07 / 02 / 2019
Transaction ID : SA11AI.6139
 Amount of Each Receipt this Period 76.92
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1470.78
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: (check only one)	PAGE 7 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"/> 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 A. Heafitz, Jonathan, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2019		
Mailing Address 2704 Emmet Road			Transaction ID : SA11AI.6140		
City Silver Spring	State MD	Zip Code 20902	Amount of Each Receipt this Period 692.28		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
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 ▼ 1499.94			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Levy, Barbara, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2019		
Mailing Address 522 N.Alfred Street			Transaction ID : SA11AI.6142		
City Alexandria	State VA	Zip Code 22314	Amount of Each Receipt this Period 120.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) PCMA		Occupation (for Individual) Assist VP State Affairs and GC			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McCarthy, Brian, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 02 / 2019		
Mailing Address 1922 37th Street			Transaction ID : SA11AI.6144		
City Washington	State DC	Zip Code 20007	Amount of Each Receipt this Period 1153.80		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) PCMA		Occupation (for Individual) Assist VP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2307.60			

SUBTOTAL of Receipts This Page (optional).....	1966.08
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 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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. Meier, Catherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4471 Cascade Way
 City Woodbridge State VA Zip Code 22192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) Senior Director Federal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 07 / 02 / 2019
Transaction ID : SA11AI.6146
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Murphy, Katherine, Casey, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1701 16th St NW #338
 City Washington State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) Senior Director Federal Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 02 / 2019
Transaction ID : SA11AI.6145
 Amount of Each Receipt this Period 120.00
 Memo Item

C. Rowley, Lauren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3415 Charlson Street
 City Annandale State VA Zip Code 22003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCMA Occupation (for Individual) VP State
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 07 / 02 / 2019
Transaction ID : SA11AI.6148
 Amount of Each Receipt this Period 900.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1220.00
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: (check only one)	PAGE 9 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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 ▼
 2307.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2019

Transaction ID : SA11AI.6149

Amount of Each Receipt this Period
 1153.80

Memo Item

B. Shrader, Melodie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 206 South Ingram Street

City Henderson	State KY	Zip Code 42420
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 260.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 02 / 2019

Transaction ID : SA11AI.6150

Amount of Each Receipt this Period
 120.00

Memo Item

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1273.80
TOTAL This Period (last page this line number only).....	5930.66

**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. 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 / D D / Y Y Y Y Y Y
 07 / 02 / 2019

Transaction ID : SA11C.6133

Amount of Each Receipt this Period
 5000.00

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**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. BLUE DOG POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 83142

City GAITHERSBURG State MD Zip Code 20883

Purpose of Disbursement

Candidate Name
BLUE DOG POLITICAL ACTION COMMITTEE

Office Sought: House Senate President
Disbursement For: 2019 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2019

FEC Identification Number: C00305318
Transaction ID : SB23.6103
Amount of Each Disbursement this Period: 2500.00

Memo Item

B. BLUE DOG POLITICAL ACTION COMMITTEE

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: 09 / 19 / 2019

FEC Identification Number: C00305318
Transaction ID : SB23.6108
Amount of Each Disbursement this Period: 2500.00

Memo Item

C. BOYLE, BRENDAN F, , ,

Full Name (Last, First, Middle Initial)

Mailing Address

City PHILADELPHIA State Zip Code

Purpose of Disbursement

Candidate Name
Citizens for Boyle

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

State: District:

Date of Disbursement: 09 / 19 / 2019

FEC Identification Number: C
Transaction ID : SB23.6057
Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5500.00

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. BRADY, KEVIN, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement

Candidate Name
BRADY FOR CONGRESS

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

State: TX District: 08

Date of Disbursement: 09 / 19 / 2019

FEC Identification Number: C00311043
Transaction ID : SB23.6078
Amount of Each Disbursement this Period: 500.00

Memo Item

B. DWIGHT EVANS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 6578

City PHILADELPHIA State PA Zip Code 19138

Purpose of Disbursement

Candidate Name

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

State: PA District: 03

Date of Disbursement: 09 / 19 / 2019

FEC Identification Number: C00591065
Transaction ID : SB23.6072
Amount of Each Disbursement this Period: 500.00

Memo Item

C. ELISE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 500

City GLENS FALLS State NY Zip Code 12801

Purpose of Disbursement

Candidate Name
STEFANIK, ELISE M., , ,

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

State: NY District: 21

Date of Disbursement: 09 / 19 / 2019

FEC Identification Number: C00547893
Transaction ID : SB23.6124
Amount of Each Disbursement this Period: 250.00

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)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF DAVID SCHWEIKERT

Mailing Address PO BOX 13176
8175 EAST EVANS ROAD #23176

City PHOENIX State AZ Zip Code 85002

Purpose of Disbursement

Candidate Name

SCHWEIKERT, DAVID S., , ,

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

State: AZ District: 06

Date of Disbursement

M M / D D / Y Y Y Y
09 / 19 / 2019

FEC Identification Number

C C00540617

Transaction ID : SB23.6085

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. GALLEGO FOR ARIZONA

Mailing Address PO BOX 1710

City PHOENIX State AZ Zip Code 85001

Purpose of Disbursement

Candidate Name

GALLEGO, RUBEN, , ,

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

State: AZ District: 07

Date of Disbursement

M M / D D / Y Y Y Y
09 / 20 / 2019

FEC Identification Number

C C00558627

Transaction ID : SB23.6130

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. GUTHRIE, S. BRETT HON., , ,

Mailing Address 1005 WRENWOOD DRIVE

City BOWLING GREEN State KY Zip Code 42103

Purpose of Disbursement

Candidate Name

GUTHRIE FOR CONGRESS

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

State: KY District: 02

Date of Disbursement

M M / D D / Y Y Y Y
09 / 19 / 2019

FEC Identification Number

C C00445023

Transaction ID : SB23.6091

Amount of Each Disbursement this Period

500.00

Memo Item

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

2000.00

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)
A. MULLIN FOR CONGRESS

Mailing Address PO BOX 3681

City MUSKOGEE State OK Zip Code 74402

Purpose of Disbursement Category/Type

Candidate Name
MULLIN, MARKWAYNE MR., , ,

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

State: OK District: 02

Date of Disbursement: 09 / 19 / 2019

FEC Identification Number: **C00498345**
Transaction ID : **SB23.6127**
Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. NEW DEMOCRAT COALITION ACTION FUND

Mailing Address 233 PENNSYLVANIA AVE SE
2ND FLOOR

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Category/Type

Candidate Name
NEW DEMOCRAT COALITION ACTION FUND

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

State: District:

Date of Disbursement: 09 / 19 / 2019

FEC Identification Number: **C00409730**
Transaction ID : **SB23.6105**
Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)
C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement Category/Type

Candidate Name
PALLONE, FRANK JR., , ,

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

State: NJ District: 00

Date of Disbursement: 09 / 19 / 2019

FEC Identification Number: **C00226928**
Transaction ID : **SB23.6118**
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5000.00

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) A. PETE AGUILAR FOR CONGRESS		Date of Disbursement MM / DD / YYYY 09 / 19 / 2019
Mailing Address PO BOX 10954		FEC Identification Number C00510461 Transaction ID : SB23.6050 Amount of Each Disbursement this Period 500.00
City SAN BERNARDINO	State CA	Zip Code 92423
Purpose of Disbursement	Candidate Name	Category/Type
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: CA	District: 31	

Full Name (Last, First, Middle Initial) B. SCHNEIDER, BRADLEY SCOTT, , ,		Date of Disbursement MM / DD / YYYY 09 / 19 / 2019
Mailing Address		FEC Identification Number C00495952 Transaction ID : SB23.6062 Amount of Each Disbursement this Period 500.00
City DEERFIELD	State	Zip Code
Purpose of Disbursement	Candidate Name SCHNEIDER FOR CONGRESS	Category/Type
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: IL	District: 10	

Full Name (Last, First, Middle Initial) C. SCHRADER, KURT, , ,		Date of Disbursement MM / DD / YYYY 09 / 19 / 2019
Mailing Address 2525 N BAKER		FEC Identification Number C00446906 Transaction ID : SB23.6100 Amount of Each Disbursement this Period 1000.00
City CANBY	State OR	Zip Code 97013
Purpose of Disbursement	Candidate Name KURT SCHRADER FOR CONGRESS	Category/Type
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: OR	District: 05	

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

2000.00

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) A. SOTO, DARREN, , ,		Date of Disbursement MM / DD / YYYY 09 / 19 / 2019
Mailing Address		FEC Identification Number C00581074 Transaction ID : SB23.6053
City KISSIMMEE	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period 500.00
Candidate Name DARREN SOTO FOR CONGRESS		Category/Type
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: 09		

Full Name (Last, First, Middle Initial) B. TEXANS FOR JODEY ARRINGTON		Date of Disbursement MM / DD / YYYY 09 / 10 / 2019
Mailing Address PO BOX 6687		FEC Identification Number C00588657 Transaction ID : SB23.6075
City LUBBOCK	State TX	Zip Code 79493
Purpose of Disbursement		Amount of Each Disbursement this Period 500.00
Candidate Name		Category/Type
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: TX District: 19		

Full Name (Last, First, Middle Initial) C. TINA SMITH FOR MINNESOTA		Date of Disbursement MM / DD / YYYY 09 / 19 / 2019
Mailing Address P.O. BOX 14362		FEC Identification Number C00663781 Transaction ID : SB23.6114
City SAINT PAUL	State MN	Zip Code 55114
Purpose of Disbursement		Amount of Each Disbursement this Period 1500.00
Candidate Name TINA SMITH FOR MINNESOTA		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" 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: 00		

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. TOMORROW IS MEANINGFUL PAC

Full Name (Last, First, Middle Initial)

Mailing Address 1409 ASHLEY RIVER RD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 19 / 2019

FEC Identification Number: C00495887

Transaction ID : SB23.6112

Amount of Each Disbursement this Period: 1500.00

Memo Item

B. WALDEN, GREGORY P. MR., , ,

Full Name (Last, First, Middle Initial)

Mailing Address

City HOOD RIVER State Zip Code

Purpose of Disbursement

Candidate Name
WALDEN FOR CONGRESS

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: OR District: 02

Date of Disbursement: 09 / 19 / 2019

FEC Identification Number: C00333427

Transaction ID : SB23.6097

Amount of Each Disbursement this Period: 1000.00

Memo Item

C. 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

Candidate Name

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: IN District: 02

Date of Disbursement: 09 / 19 / 2019

FEC Identification Number: C00468579

Transaction ID : SB23.6069

Amount of Each Disbursement this Period: 500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	21250.00