Image# 202210049532055945				PAGE 1 / 39
FEC A	EPORT OF R ND DISBURS	EMENTS		office Use Only
1. NAME OF TY COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Pharmaceutical Care Ma	anagement Associatio		ommittee (PCM	
ADDRESS (number and street)	327 7th St. NW 9th Floor			
Check if different				
than previously reported. (ACC)	Washington			20004
2. FEC IDENTIFICATION NUM	BER V CITY		STATE 🔺	ZIP CODE
C C00388819	3. IS T REP	<b>v</b> .	R AMEN (A)	NDED
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> <li>Cotober 15 Quarterly Report (Q3)</li> <li>January 31 Year-End Report (YE)</li> </ul>	(b) Monthly Report Due On: Mar 20 Apr 20 (c) 12-Day PRE-Election Report for the: Election o	(M3) Jun 20 (M (M4) Jul 20 (M Primary (12P) Convention (12C)	M6) Sep 20	(M9)       Dec 20 (M12) (Non-Election Year Only)         (M10)       Jan 31 (YE)         G)       Runoff (12R)
July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff (30R	Special (30S)
(TER)	Election o	n / D D	/ Y Y Y Y	in the State of
5. Covering Period 07		through 05		2022 omplete.
Type or Print Name of Treasurer	Heafitz, Jonathan, , ,			
Signature of Treasurer	Jonathan, , ,	[Electronically Filed]	Date 10	/ D D / Y Y Y Y 13 2022
NOTE: Submission of false, erroneou	us, or incomplete information m	ay subject the person signi	ng this Report to the p	penalties of 52 U.S.C. § 3010
Office Use Only				FEC FORM 3X Rev. 05/2016

10/04/2022 14 : 45

#### 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)

R	Report Covering the Period: From:	7 / 01 / Y Y Y Y 2022 T	o: 09 / 30 / Y Y Y Y Y 2022
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2022		20801.95
	(b) Cash on Hand at Beginning of Reporting Period	9495.83	
	(c) Total Receipts (from Line 19)	29160.72	66946.24
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	38656.55	87748.19
7.	Total Disbursements (from Line 31)	35020.46	84112.10
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3636.09	3636.09
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	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

Image# 20221004953205594	7
--------------------------	---

#### DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Report Covering the Period: From: 07	1 01 2022 To:	M M / D D / Y Y Y 09 30 2022
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	23379.42	20042.40
(i) Itemized (use Schedule A)	23379.42	38943.18
	781.30	3003.06
(ii) Unitemized (iii) TOTAL (add	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Lines 11(a)(i) and (ii)	24160.72	41946.24
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	5000.00	25000.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	29160.72	66946.24
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	0.00	0.00
Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	0.00	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
· · · · · ·		
(b) Levin Funds (from Schedule H5)	0.00	0.00
	47. 47. 47.	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	29160.72	66946.24
,,,,,,,,,		

29160.72

20. Total Federal Receipts (subtract Line 18(c) from Line 19).......►

66946.24

Page 3

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 612.10 Expenditures ..... 520.46 (c) Total Operating Expenditures 612.10 (add 21(a)(i), (a)(ii), and (b)) 520.46 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 83500.00 and Other Political Committees... 34500.00 24. Independent Expenditures (use Schedule E)..... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 19 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (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 Total Federal Election Activity (add (C) 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)).. 35020.46 84112.10 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 35020.46 84112.10

#### DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

**Total This Period** 

FEC	Form	3X	(Rev.	05/2016)
1 20		0/	(110 .	00/2010)

#### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures
	(subtract Line 37 from Line 36)

	7			-	29160.72
					0.00
_	 -	1	1	-	0.00
					20160 72
_	 7			-	29160.72
			1		520.46
	 7			7	520.40
	1	1	1	1.1	0.00
_	 -7			-7	0.00
			1	1	520.46
					320.40

				66946.24
	-7		-7	
				0.00
_	-7		-7	
				66946.24
_	-7	1	-	00040.24
				612.10
_	-7		-7	
				0.00
	-7		-7-	
				612.10

COLUMN B

Calendar Year-to-Date

#### Page 5

FOR LINE NUMBER:

PAGE 6 OF

39

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manage	ement Asso	ciation Political Action	Committee (PCMA PAC)
Full Name of Individual (Last, First, Middle         Bradham, Jennifer, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	State DC C Occu SR I	Zip Code 20004 upation (for Individual)	Date of Receipt
B. Full Name of Individual (Last, First, Middle B. Bradham, Jennifer, , , Mailing Address 325 7th St NW 9th Floor	Initial) or Full O	rganization Name	Date of Receipt
City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Pharmaceutical Care Management Associa Receipt For: Primary General Other (specify) ▼	SR	Zip Code 20004 upation (for Individual) DIR Year-to-Date 216.00	Transaction ID : A2022-2198507         Amount of Each Receipt this Period         12.00         Memo Item
Full Name of Individual (Last, First, Middle <b>Bradham, Jennifer</b> , , , Mailing Address 325 7th St NW 9th Floor		- 	Date of Receipt
City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Pharmaceutical Care Management Associa Receipt For: Primary General Other (specify)	SR D	Zip Code 20004	Transaction ID : A2022-2322006         Amount of Each Receipt this Period         12.00         Memo Item
SUBTOTAL of Receipts This Page (optional)		· · · · · · · · · · · · · · · · · · ·	36.00

FOR LINE NUMBER:

PAGE 7 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	
Any information copied from such Reports and Stat or for commercial purposes, other than using the na		
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manageme	nt Association Political Action	Committee (PCMA PAC)
Full Name of Individual (Last, First, Middle Initial Dube, Timothy, J, ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	) or Full Organization Name          State       Zip Code         DC       20004         C       Occupation (for Individual)         VP       Aggregate Year-to-Date ▼	Date of Receipt
Full Name of Individual (Last, First, Middle Initial         B. Dube, Timothy, J, ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	) or Full Organization Name State Zip Code DC 20004 C Occupation (for Individual) VP Aggregate Year-to-Date ▼ 600.00	Date of Receipt
Full Name of Individual (Last, First, Middle Initial         C.       Dube, Timothy, J, ,         Mailing Address       325 7th St NW 9th Floor         City       Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify)	) or Full Organization Name          State       Zip Code         DC       20004         C       Occupation (for Individual)         VP       Aggregate Year-to-Date ▼	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number on		200.00

FOR LINE NUMBER:

PAGE 8 OF

39

IT.			Use separate schedule(s)	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
	y information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) Pharmaceutical Care Managem	ent Asso	ociation Political Action	Committee (PCMA PAC)					
A.	Full Name of Individual (Last, First, Middle Init Dube, Timothy, J, ,	ial) or Full C	Drganization Name	Date of Receipt					
	Mailing Address 325 7th St NW 9th Floor			08 / D D / Y Y Y Y Y 2022					
	City Washington	State DC	Zip Code 20004	Transaction ID : A2022-1992460           Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		80.00					
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ VP	upation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 760.00	1					
в.	Full Name of Individual (Last, First, Middle Init Dube, Timothy, J, , Mailing Address 325 7th St NW 9th Floor	ial) or Full C	Organization Name	Date of Receipt					
	City	State DC	Zip Code	08 26 2022 Transaction ID : A2022-2044410					
	Washington           FEC ID number of contributing           federal political committee.	C	20004	Amount of Each Receipt this Period					
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 840.00	]					
с.	Full Name of Individual (Last, First, Middle Init Dube, Timothy, J, ,	ial) or Full C	Drganization Name	Date of Receipt					
	Mailing Address 325 7th St NW 9th Floor			09 / D D / Y Y Y Y 09 09 2022					
	City Washington	State DC	Zip Code 20004	Transaction ID : A2022-2198516 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		80.00					
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ VP	upation (for Individual)	Memo Item					
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 920.00	1					
s	UBTOTAL of Receipts This Page (optional)			240.00					
т	OTAL This Period (last page this line number of	only)							

\_\_\_\_\_

FOR LINE NUMBER:

PAGE 9 OF

ıт.		Use separate schedule(s)			(check only one)							
	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c	12	Г	17	
	ny information copied from such Reports and St for commercial purposes, other than using the				n for the		oose of	soliciting	g contrib		าร	
	NAME OF COMMITTEE (In Full)											
$\rangle$	Pharmaceutical Care Managem	ent Asso	ciation Political Action	on Co	mmitte	ee	(PCN	1A PA	C)			
Α.	Full Name of Individual (Last, First, Middle Init Dube, Timothy, J, ,	ial) or Full C	Organization Name		Date o	f Re	ceipt					
	Mailing Address 325 7th St NW 9th Floor				м м 09	/	23	) / Y	y 2022		]	
	City Washington	State DC	Zip Code 20004					A2022-2 Receipt th				
	FEC ID number of contributing federal political committee.	С							8	0.00		
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	upation (for Individual)		М	emo	Item						
	Receipt For: Primary General Other (specify) ▼											
в.	Full Name of Individual (Last, First, Middle Init Fleming, William, K, ,	ial) or Full C	Organization Name		Date of	f Re	ceipt					
	Mailing Address 500 West Main Street	Zie Oode		08 / D D / Y Y Y Y 08 08 2022								
	City Louisville	State KY	Zip Code 40202					A2022-1				
	FEC ID number of contributing federal political committee.	C	40202		Amount of Each Receipt this Period							
	Name of Employer (for Individual) Humana, Inc		supation (for Individual) sident, Pharmacy Solutions		Memo Item							
	Receipt For: Primary General Other (specify) ▼	eceipt For: Primary General Aggregate Year-to-Date ▼										
С.	Full Name of Individual (Last, First, Middle Init Foster, Behrends, , ,	ial) or Full C	Organization Name		Date o	f Re	ceipt					
	Mailing Address 1722 North Nelson Street				<sup>M</sup> 09	′	D 12		2022	Y	]	
	City Arlington	State VA	Zip Code 22207		Transaction ID : A2022-2163706           Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	, ,	500	0.00		
	Name of Employer (for Individual) Bluestone Strategies LLC	upation (for Individual) tner		M	emo	ltem						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00									
	OTAL This Period (last page this line number of				[.	-	5	· ·	1008	0.00	-	

FOR LINE NUMBER:

PAGE 10 OF

39

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one)
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manage	ement Asso	ciation Political Actior	n Committee (PCMA PAC)
Full Name of Individual (Last, First, Middle Frost, Amanda, M, ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	State DC C VP	Zip Code 20004 upation (for Individual) Year-to-Date ▼ 260.00	Date of Receipt
Full Name of Individual (Last, First, Middle         B.       Frost, Amanda, M, ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	Date of Receipt		
Full Name of Individual (Last, First, Middle         C. Frost, Amanda, M, ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify)	State DC C Occ VP	rganization Name Zip Code 20004 upation (for Individual) Year-to-Date ▼ 360.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			► 120.00

FEC Schedule A (Form 3X) Rev. 06/2016

FOR LINE NUMBER:

PAGE 11 OF

39

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) <b>X</b> 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manage	ement Asso	ciation Political Action	Committee (PCMA PAC)
Full Name of Individual (Last, First, Middle Frost, Amanda, M, ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	State DC C VP	Zip Code 20004 upation (for Individual) Year-to-Date ▼ 410.00	Date of Receipt          08       12       2022         Transaction ID : A2022-1992459         Amount of Each Receipt this Period         50.00         Memo Item
Full Name of Individual (Last, First, Middle         B. Frost, Amanda, M, ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	Date of Receipt		
Full Name of Individual (Last, First, Middle         Frost, Amanda, M, ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify)	State DC C Occu VP	Zip Code 20004 upation (for Individual) Year-to-Date ▼ 510.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb			150.00

FEC Schedule A (Form 3X) Rev. 06/2016

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

39

ITEMIZED RECEIPTS		Detailed Summary Page	<b>X</b> 11a 11b 11c 12				
			13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using t			e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
Pharmaceutical Care Manage	ment Asso	ciation Political Action	Committee (PCMA PAC)				
Full Name of Individual (Last, First, Middle Frost, Amanda, M, ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 325 7th St NW 9th Floor			09 23 2022				
City	State	Zip Code	Transaction ID : A2022-2321999				
Washington	DC	20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ VP	upation (for Individual)	Memo Item				
Receipt For:		Year-to-Date ▼					
Primary General	Aggregate	560.00	1				
Other (specify) <b>v</b>		300.00	1				
Full Name of Individual (Last, First, Middle B. Hadley, Brynn, , ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 325 7th Streeth NW, 9th Flo	oor		07 19 2022				
City	State	Zip Code	Transaction ID : A2022-1766593				
Washington	DC	20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual) nior Director, Conferences	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		, 250.00	]				
Full Name of Individual (Last, First, Middle C. Hallemeier, Samuel, , ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 325 7th St NW 9th Floor			07 01 2022				
City	State	Zip Code	Transaction ID : A2022-1598889				
Washington	DC	20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		30.00				
Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual) MANAGER	Memo Item				
Receipt For:		Year-to-Date ▼	-				
Primary General	99.09410		1				
Other (specify)		390.00	1				
SUBTOTAL of Receipts This Page (optional).			330.00				
TOTAL This Period (last page this line number	er only)						

\_\_\_\_\_

FOR LINE NUMBER:

PAGE 13 OF

39

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\overrightarrow{\mathbf{x}}$ 11a       11b       11c       12         13       14       15       16       17
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manage	ement Asso	ciation Political Action	Committee (PCMA PAC)
Full Name of Individual (Last, First, Middle Hallemeier, Samuel, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	State DC C SR	Zip Code 20004 upation (for Individual) MANAGER Year-to-Date ▼ 420.00	Date of Receipt 07 15 2022 Transaction ID : A2022-1717967 Amount of Each Receipt this Period 30.00 Memo Item
Full Name of Individual (Last, First, Middle B. Hallemeier, Samuel, , , Mailing Address 325 7th St NW 9th Floor City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Pharmaceutical Care Management Associa Receipt For:	State DC C SR	Zip Code 20004 20004 upation (for Individual) MANAGER Year-to-Date ▼	Date of Receipt
Primary       General         Other (specify)       ▼         Full Name of Individual (Last, First, Middle         C. Hallemeier, Samuel, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General	State DC C Occ SR	A 450.00 Drganization Name Zip Code 20004 upation (for Individual) MANAGER Year-to-Date ▼	Date of Receipt 08 / 12 / 2022 Transaction ID : A2022-1992458 Amount of Each Receipt this Period 30.00 Memo Item
Other (specify)  SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb		· · · ·	90.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

39

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12				
	for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) Pharmaceutical Care Managem	ent Asso	ciation Political Action	Committee (PCMA PAC)				
۹.	Full Name of Individual (Last, First, Middle Init Hallemeier, Samuel, , ,	ial) or Full C	organization Name	Date of Receipt				
	Mailing Address 325 7th St NW 9th Floor			08 26 2022				
	City	State	Zip Code	Transaction ID : A2022-2044408				
	Washington	DC	20004	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual) MANAGER	Memo Item				
	Receipt For:		Year-to-Date ▼	—				
	Primary General Other (specify) ▼		510.00	]				
В.	Full Name of Individual (Last, First, Middle Init Hallemeier, Samuel, , ,	ial) or Full C	Prganization Name	Date of Receipt				
	Mailing Address 325 7th St NW 9th Floor			09 / 09 / 2022 Transaction ID : A2022-2198514				
	City	State	Zip Code					
_	Washington	DC	20004	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual) MANAGER	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 540.00	]				
C.	Full Name of Individual (Last, First, Middle Init Hallemeier, Samuel, , ,	ial) or Full C	Prganization Name	Date of Receipt				
	Mailing Address 325 7th St NW 9th Floor			09 23 2022				
	City	State	Zip Code	Transaction ID : A2022-2322000				
	Washington	DC	20004	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual) MANAGER	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 570.00	]				
	Primary General		570.00	90.00				

\_\_\_\_\_

# SCHEDULE A (FEC Form 3X) MIZED DECEIDTE

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 15 OF

		for each category of the Detailed Summary Page	¥ 11a │ 11b │ 11c │ 12				
		Detailed Summary Page					
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manage	ement Asso	ociation Political Action	Committee (PCMA PAC)				
Full Name of Individual (Last, First, Middle A. Head, William, R, ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 325 7th St NW 9th Floor			07 15 / Y Y Y Y 2022				
City	State	Zip Code	Transaction ID : A2022-1717965				
Washington	DC	20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		15.00				
Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ	upation (for Individual)	Memo Item				
Receipt For:	I	Year-to-Date ▼	_				
Primary General Other (specify) ▼	Aggregate	210.00					
Full Name of Individual (Last, First, Middle B. Head, William, R, ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 325 7th St NW 9th Floor			07 29 2022				
City	State	Zip Code	Transaction ID : A2022-1800132				
Washington	DC	20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		15.00				
Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ AV	cupation (for Individual) P	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00					
Full Name of Individual (Last, First, Middle C. Head, William, R, ,	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 325 7th St NW 9th Floor			08 12 2022				
City	State	Zip Code	Transaction ID : A2022-1992452				
Washington	DC	20004	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		15.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Pharmaceutical Care Management Associa	AVF	1 ( )	_				
Receipt For:	Aggregate	Year-to-Date V					
Other (specify)		240.00					
SUBTOTAL of Receipts This Page (optional).			45.00				
TOTAL This Period (last page this line numb	er only)	••••••					

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>✗</b> 11a ☐ 11b ☐ 11c ☐ 12				
			13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using th							
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manager	ment Assc	ociation Political Action	Committee (PCMA PAC)				
Full Name of Individual (Last, First, Middle Ir A. Head, William, R, ,	nitial) or Full C	Drganization Name	Date of Receipt				
Mailing Address 325 7th St NW 9th Floor	01-1-	7.0.1	M M / D D / Y Y Y Y 08 26 2022				
City Washington	State DC	Zip Code 20004	Transaction ID : A2022-2044419				
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ AVI	cupation (for Individual) P	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 255.00	]				
Full Name of Individual (Last, First, Middle Ir B. Head, William, R, ,	nitial) or Full C	Drganization Name	Date of Receipt				
Mailing Address 325 7th St NW 9th Floor			09 / 09 / Y Y Y Y 2022				
City Washington	State DC	Zip Code 20004	Transaction ID : A2022-2198508				
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period				
Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ AV	cupation (for Individual) P	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 270.00	]				
Full Name of Individual (Last, First, Middle Ir C. Head, William, R, ,	nitial) or Full C	Drganization Name	Date of Receipt				
Mailing Address 325 7th St NW 9th Floor			09 23 / Y Y Y Y 2022				
City Washington	State DC	Zip Code 20004	Transaction ID : A2022-2322005 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С						
Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ AVF	eupation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 285.00	]				
SUBTOTAL of Receipts This Page (optional)			45.00				
TOTAL This Period (last page this line number	r only)						

FOR LINE NUMBER:

PAGE 17 OF

IT.		Use separate schedule(s)			(ch	(check only one)						
11				or each category of the Detailed Summary Page		<b>K</b> 11a 13		11b 14	11c		r	17
	y information copied from such Reports and Sta for commercial purposes, other than using the					for the		pose of	soliciting	g contr	ibutic	ons
	NAME OF COMMITTEE (In Full)											
	Pharmaceutical Care Manageme	ent Asso	cia	tion Political Action	Cor	nmitte	ee	(PCN	1A PA	C)		
Α.	Full Name of Individual (Last, First, Middle Initi Kamal, Mostafa, , ,	al) or Full O	rgar	nization Name	Date of Receipt							
	Mailing Address 77 Water St Ste 811	1-				M M 08	/	D 04	) / Y	Y 202	ү ү 2	
	City New York	State NY		Zip Code 07960	_				A2022-1 Receipt th			
	FEC ID number of contributing federal political committee.	С						-gr. 1	-	50	00.00	)
	Name of Employer (for Individual) Magellan Rx Management	Occi CEC	•	ion (for Individual)		M	lemo	o Item				
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼								
	Other (specify) ▼	L	- <b>J</b> -	5000.00								
в.	Full Name of Individual (Last, First, Middle Initi Mack, Michelle, , ,	al) or Full O	rgar	nization Name		Date o	of Re	eceipt				
	Mailing Address 325 7th St NW 9th Floor					07	/	01	) / Y	y 2022	Y Y 2	
	City	State		Zip Code					A2022-1			
	Washington	DC		20004		Amoun	t of	Each R	Receipt th	nis Per	iod	
	FEC ID number of contributing federal political committee.	С	28.86									
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		Occupation (for Individual) DIRECTOR					o Item				
	Receipt For:	Aggregate	Yea	r-to-Date ▼								
	Primary General Other (specify) ▼		375.18									
<u> </u>	Full Name of Individual (Last, First, Middle Initi Mack, Michelle, , ,	al) or Full O	rgar	ization Name		Date o	of Re	eceipt				
	Mailing Address 325 7th St NW 9th Floor					07	/	15		2022		
	City Washington	State DC		Zip Code 20004					A2022-1 Receipt th			_
FEC ID number of contributing federal political committee.						Ľ.		9	, ,		28.86	5
			upat ECT	ion (for Individual) OR		N	lemo	o Item				
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 404.04								
s	UBTOTAL of Receipts This Page (optional)			•	•			9	,	50	57.72	2
т	OTAL This Period (last page this line number o	nly)		••••••					-		-	

FOR LINE NUMBER:

PAGE 18 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	$\mathbf{X}$ 11a11b11c121314151617
Any information copied from such Reports and Sta or for commercial purposes, other than using the n		
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manageme	nt Association Political Action	Committee (PCMA PAC)
Full Name of Individual (Last, First, Middle Initia         Mack, Michelle, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary         General         Other (specify) ▼	I) or Full Organization Name          State       Zip Code         DC       20004         C       Occupation (for Individual)         DIRECTOR       Aggregate Year-to-Date ▼	Date of Receipt 07 29 2022 Transaction ID : A2022-1800133 Amount of Each Receipt this Period 28.86 Memo Item
Full Name of Individual (Last, First, Middle Initia         B. Mack, Michelle, , , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual) Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	I) or Full Organization Name          State       Zip Code         DC       20004         C       Occupation (for Individual)         DIRECTOR       Aggregate Year-to-Date ▼         461.76       461.76	Date of Receipt          08       12       2022         Transaction ID : A2022-1992457         Amount of Each Receipt this Period         28.86         Memo Item
Full Name of Individual (Last, First, Middle Initia         Mack, Michelle, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify)	I) or Full Organization Name          State       Zip Code         DC       20004         C       Occupation (for Individual)         DIRECTOR       Aggregate Year-to-Date ▼	Date of Receipt 08 26 2022 Transaction ID : A2022-2044407 Amount of Each Receipt this Period 28.86 Memo Item
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	86.58

FOR LINE NUMBER:

PAGE 19 OF

39

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one) 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any puddress of any political committee	person for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manage	ement Asso	ciation Political Action	Committee (PCMA PAC)	
Full Name of Individual (Last, First, Middle         Mack, Michelle, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	State DC C Occu DIR	Zip Code 20004 upation (for Individual) ECTOR Year-to-Date ▼ 519.48	Date of Receipt	
B. Mack, Michelle, , , , Mailing Address 325 7th St NW 9th Floor City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Pharmaceutical Care Management Associa Receipt For: Primary General	Mailing Address 325 7th St NW 9th Floor         City       State       Zip Code         Washington       DC       20004         FEC ID number of contributing       C       C         federal political committee.       C       C         Name of Employer (for Individual)       Occupation (for Individual)         Pharmaceutical Care Management Associa       DIRECTOR         Receipt For:       Aggregate Year-to-Date ▼			
Other (specify) ▼         Full Name of Individual (Last, First, Middle         C. McCarthy, Brian, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify)	State DC C Occu	S48.34         brganization Name         Zip Code         20004         upation (for Individual)         cutive         Year-to-Date ▼         2499.90	Date of Receipt 07 / 01 / 2022 Transaction ID : A2022-1598879 Amount of Each Receipt this Period 192.30 Memo Item	
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb			250.02	

FOR LINE NUMBER:

PAGE 20 OF

39

ITEMIZED RECEIPTS	for ea	ch category of the ed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
Any information copied from such Reports and Sta or for commercial purposes, other than using the n			person for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manageme	nt Associatior	Political Action	Committee (PCMA PAC)	
Full Name of Individual (Last, First, Middle Initia         McCarthy, Brian, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	State Zip	Code 004 for Individual)	Date of Receipt	
Full Name of Individual (Last, First, Middle Initia         B.       McCarthy, Brian, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Primary       General         Other (specify) ▼	Date of Receipt 07 29 2022 Transaction ID : A2022-1800124 Amount of Each Receipt this Period 192.30 Memo Item			
Full Name of Individual (Last, First, Middle Initia C. McCarthy, Brian, , , Mailing Address 325 7th St NW 9th Floor City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Pharmaceutical Care Management Associa Receipt For: Primary General Other (specify)		Code 004 For Individual)	Date of Receipt          08       12       2022         Transaction ID : A2022-1992461         Amount of Each Receipt this Period         192.30         Memo Item	
SUBTOTAL of Receipts This Page (optional)			576.90	

FOR LINE NUMBER:

PAGE 21 OF

39

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	(cneck only one)
Any information copied from such Reports and or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manager	ment Assoc	ciation Political Action	Committee (PCMA PAC)
Full Name of Individual (Last, First, Middle I         A.       McCarthy, Brian, , ,         Mailing Address 325 7th St NW 9th Floor         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Pharmaceutical Care Management Associa         Receipt For:         Other (specify) ▼	State DC C Occu Exec	Zip Code 20004 pation (for Individual)	Date of Receipt
B. Hull Name of Individual (Last, First, Middle I B. McCarthy, Brian, , , Mailing Address 325 7th St NW 9th Floor	Initial) or Full Or	ganization Name	Date of Receipt
City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Pharmaceutical Care Management Associa Receipt For: Primary General Other (specify) ▼	Exec	Zip Code 20004 pation (for Individual) cutive /ear-to-Date ▼ 3461.40	Transaction ID : A2022-2198517 Amount of Each Receipt this Period
Full Name of Individual (Last, First, Middle I <b>C.</b> McCarthy, Brian, , , Mailing Address 325 7th St NW 9th Floor	· · · ·	-	Date of Receipt
City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Pharmaceutical Care Management Associa Receipt For: Primary General Other (specify)	Exect	Zip Code 20004 pation (for Individual) utive /ear-to-Date ▼ 3653.70	Transaction ID : A2022-2321994         Amount of Each Receipt this Period         192.30         Memo Item
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numbe			576.90

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 22 OF

39

		<b>X</b> 11a 11b 11c 12	
		Detailed Summary Page	13 14 15 16 17
or for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manage	ment Asso	ciation Political Action	Committee (PCMA PAC)
Full Name of Individual (Last, First, Middle I Murphy, Katherine, C, ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 325 7th St NW 9th Floor	Otata	Zin Oode	07 01 2022
City Washington	State DC	Zip Code 20004	Transaction ID : A2022-1598882 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ AVF	upation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	]
Full Name of Individual (Last, First, Middle I Murphy, Katherine, C, ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 325 7th St NW 9th Floor			07 / D D / Y Y Y Y 07 15 2022
City Washington	State DC	Zip Code 20004	Transaction ID : A2022-1717960 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ AVI	upation (for Individual) >	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	]
Full Name of Individual (Last, First, Middle I Murphy, Katherine, C, ,	nitial) or Full C	rganization Name	Date of Receipt
Mailing Address 325 7th St NW 9th Floor			07 29 2022
City Washington	State DC	Zip Code 20004	Transaction ID : A2022-1800127 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		20.00
Name of Employer (for Individual) Pharmaceutical Care Management Associa Receipt For:	AVF		Memo Item
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1
SUBTOTAL of Receipts This Page (optional)			60.00

\_\_\_\_\_

FOR LINE NUMBER:

PAGE 23 OF

39

IТ				se separate schedule(s)	(C	(check only one)									
11				r each category of the etailed Summary Page		<b>×</b> 11a 13	11b	11c	12	17					
	y information copied from such Reports and S for commercial purposes, other than using the					for the	purpose	of solicitin	g contrib	utions					
$\overline{)}$	NAME OF COMMITTEE (In Full)														
$\rangle$	Pharmaceutical Care Managem	ent Asso	ciat	ion Political Action	Co	mmitte	e (PC	MA PA	'C)						
Α.	Full Name of Individual (Last, First, Middle Ini Murphy, Katherine, C, ,	tial) or Full O	rgani	zation Name		Date of	Receipt								
	Mailing Address 325 7th St NW 9th Floor					08 12 2022									
	City Washington	State DC	2	Zip Code 20004				<b>) : A2022-</b> Receipt ti		d					
	FEC ID number of contributing federal political committee.	С								).00					
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occi AVF		on (for Individual)		M	emo Item	1							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 320.00											
B.	Full Name of Individual (Last, First, Middle Ini Murphy, Katherine, C, ,	tial) or Full O	Organi	zation Name		Date of	Receipt								
	Mailing Address 325 7th St NW 9th Floor					M M 08		26 / Y	2022	Ŷ					
	City	State		Zip Code		Trans	action ID	) : A2022-2	2044420						
	Washington	DC		20004	_	Amount	of Each	Receipt t	his Perio	d					
	FEC ID number of contributing federal political committee.	С					-9		20	0.00					
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ AVF	•	on (for Individual)		M	emo Item	1							
	Receipt For:	Aggregate	Year-	to-Date 🔻											
	Other (specify)		<u>,</u>	340.00											
с.	Full Name of Individual (Last, First, Middle Ini Murphy, Katherine, C, ,	tial) or Full O	)rgani	zation Name		Date of	Receipt								
	Mailing Address 325 7th St NW 9th Floor					09		D / Y )9	2022	Y					
	City Washington	State DC	4	Zip Code 20004				D: A2022-2 Receipt ti		d					
	FEC ID number of contributing federal political committee.	С				Ľ.	y	y	20	0.00					
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occi AVP	•	on (for Individual)		M	emo Item	1							
	Receipt For:	Aggregate	Year-	to-Date 🔻											
	Primary General Other (specify)		- -	360.00											
s	UBTOTAL of Receipts This Page (optional)			•	<u> </u>			, , , , , , , , , , , , , , , , , , ,	60	0.00					
1															

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

100

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 24 OF

ITEIVIIZED RECEIPTS		for each category of the	<b>X</b> 11a	11b	11c	12	
		Detailed Summary Page	13	14	15	16	17
Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may and a	ay not be sold or used by any address of any political committee	person for the p	urpose of s ributions fro	soliciting	contribu	tions
NAME OF COMMITTEE (In Full)							
Pharmaceutical Care Manage	jement Asso	ciation Political Action	o Committee	e (PCM		C)	
Full Name of Individual (Last, First, Middl           Murphy, Katherine, C, ,	e Initial) or Full C	organization Name	Date of I	Receipt			
Mailing Address 325 7th St NW 9th Floor			09	/ D D 20	/ Y	ү ү 2022	Y
City	State	Zip Code	Transa	ction ID : A	12022-2	285801	
Washington	DC	20004	Amount of	of Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C			-		500.	00
Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual)	Mer	mo Item			
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify) ▼		860.00	1				
Full Name of Individual (Last, First, Middl B. Murphy, Katherine, C, ,	e Initial) or Full C	Prganization Name	Date of I	Receipt			
Mailing Address 325 7th St NW 9th Floor			09	/ D D 23	/ Y	y y 2022	Y
City	State	Zip Code	Transa	ction ID : A	2022-23	322002	
Washington	DC	20004	Amount	of Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C			-		20.	00
Name of Employer (for Individual) Pharmaceutical Care Management Associa	AV	upation (for Individual) P	Mer	mo Item			
Receipt For:	Aggregate	Year-to-Date V					
Primary General Other (specify) ▼		880.00	]				
Full Name of Individual (Last, First, Middl C. Paulus, Ken, , ,	e Initial) or Full C	Prganization Name	Date of I	Receipt			
Mailing Address 8400 Normandale Lake E	Blvd, Suite 7		08	/ D D 08	/ Y	y y 2022	Y
City	State	Zip Code	Transa	action ID : A	<b>\2022-1</b>	972176	_
Bloomington	MN	55437	Amount of	of Each Re	ceipt th	is Period	
FEC ID number of contributing federal political committee.	C			y		2500.	00
Name of Employer (for Individual) Prime Therapeutics LLC		upation (for Individual) sident & CEO	Mei	mo Item			
Receipt For:	Aggregate	Year-to-Date V					
Primary General Other (specify)		2500.00					
SUBTOTAL of Receipts This Page (optiona	l l)			5		3020.	00
TOTAL This Period (last page this line num	nber only)						

FOR LINE NUMBER:

PAGE 25 OF

171			Use separate schedule(s)	(check only one)
			for each category of the Detailed Summary Page	★         11a         11b         11c         12           13         14         15         16         11
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Pharmaceutical Care Managem	ent Asso	ciation Political Actior	n Committee (PCMA PAC)
 A.	Full Name of Individual (Last, First, Middle Init Rowley, Lauren, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 325 7th St NW 9th Floor			08 26 / Y Y Y Y Y 08 26 2022
	City Washington	State DC	Zip Code 20004	Transaction ID : A2022-2044412 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual) P STATE	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 384.60	
в.	Full Name of Individual (Last, First, Middle Init Rowley, Lauren, , , Mailing Address 325 7th St NW 9th Floor	ial) or Full O	rganization Name	Date of Receipt
	City	State DC	Zip Code	09 09 2022 Transaction ID : A2022-2198518
	Washington FEC ID number of contributing federal political committee.	C	20004	Amount of Each Receipt this Period
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual) P STATE	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 576.90	]
с.	Full Name of Individual (Last, First, Middle Init Rowley, Lauren, , ,	ial) or Full O	rganization Name	Date of Receipt
	Mailing Address 325 7th St NW 9th Floor			09 23 / Y Y Y Y 2022
	City Washington	State DC	Zip Code 20004	Transaction ID : A2022-2321996 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		192.30
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual) STATE	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 769.20	
	UBTOTAL of Receipts This Page (optional)			576.90

FOR LINE NUMBER:

PAGE 26 OF

IT.			Use separate schedule(s)	(check only one)								
11			for each category of the Detailed Summary Page	✗         11a         11b         11c         12           13         14         15         16         1								
Ar or	for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any ddress of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.								
$\rangle$	NAME OF COMMITTEE (In Full) Pharmaceutical Care Managem	ent Asso	ciation Political Actior	n Committee (PCMA PAC)								
Α.	Full Name of Individual (Last, First, Middle Init Scott, Juan, C, ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 325 7th St NW 9th Floor			M M / D D / Y Y Y Y 07 01 2022								
	City Washington	State DC	Zip Code 20004	Transaction ID : A2022-1598884 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		192.30								
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual) cutive	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90									
в.	Full Name of Individual (Last, First, Middle Init Scott, Juan, C, , Mailing Address 325 7th St NW 9th Floor	ial) or Full O	rganization Name	Date of Receipt								
	City	State	Zip Code	07 15 2022 Transaction ID : A2022-1717962								
	Washington	DC	20004	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		192.30								
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual) cutive	Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2692.20									
C.	Full Name of Individual (Last, First, Middle Init Scott, Juan, C, ,	ial) or Full O	rganization Name	Date of Receipt								
	Mailing Address 325 7th St NW 9th Floor			07 / D D / Y Y Y Y 2022								
	City Washington	State DC	Zip Code 20004	Transaction ID : A2022-1800129 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		192.30								
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		upation (for Individual) cutive	Memo Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2884.50									
	UBTOTAL of Receipts This Page (optional)			► 576.90								

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 27 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12
Any information copied from such Reports and or for commercial purposes, other than using the			13     14     15     16     17       erson for the purpose of soliciting contributions       e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Pharmaceutical Care Manage			
Full Name of Individual (Last, First, Middle I A. Scott, Juan, C, ,	Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 325 7th St NW 9th Floor	State	Zip Code	08 / 12 / 2022
Washington	DC	20004	Transaction ID : A2022-1992463 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.30
Name of Employer (for Individual) Pharmaceutical Care Management Associa		cupation (for Individual) ecutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3076.80	]
Full Name of Individual (Last, First, Middle I B. Scott, Juan, C, ,	Initial) or Full C	Drganization Name	Date of Receipt
Mailing Address 325 7th St NW 9th Floor			08 / D D / Y Y Y Y 08 26 2022
City Washington	State DC	Zip Code 20004	Transaction ID : A2022-2044413 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.30
Name of Employer (for Individual) Pharmaceutical Care Management Associa		cupation (for Individual) ecutive	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3269.10	]
Full Name of Individual (Last, First, Middle I Scott, Juan, C, ,	Initial) or Full C	Drganization Name	Date of Receipt
Mailing Address 325 7th St NW 9th Floor			09 / D D / Y Y Y Y Y 09 09 2022
City Washington	State DC	Zip Code 20004	Transaction ID : A2022-2198519 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		192.30
Name of Employer (for Individual) Pharmaceutical Care Management Associa		cupation (for Individual) cutive	Memo Item
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3461.40	]
SUBTOTAL of Receipts This Page (optional)		•••••	576.90
TOTAL This Period (last page this line number	er only)	•••••	

FOR LINE NUMBER:

PAGE 28 OF

ıт.			Jse separate schedule(s)	(cł	(check only one)								
11				or each category of the Detailed Summary Page		<b>X</b> 11a 13		11b 14	11c	12	Г	17	
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	tatements ma	ay n addre	ot be sold or used by any poss of any political committee	erson e to s	for the	pur ontrit	pose of	f solicitin	g contri	ibutio	ns	
	NAME OF COMMITTEE (In Full)												
	Pharmaceutical Care Managem	ent Asso	cia	tion Political Action	Cor	nmitt	ee	(PCN	ЛА РА	C)			
Α.	Full Name of Individual (Last, First, Middle Init Scott, Juan, C, ,	ial) or Full O	rgar	nization Name		Date c	of Re	eceipt					
	Mailing Address 325 7th St NW 9th Floor					09	1 /	23		2022	ү ү 2	]	
	City Washington	State DC		Zip Code 20004					A2022-2 Receipt tl				
	FEC ID number of contributing federal political committee.	С						-y 1		19	92.30		
	Name of Employer (for Individual) Pharmaceutical Care Management Associa		upat cutiv	ion (for Individual) /e		N	lemo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 3653.70									
в.	Full Name of Individual (Last, First, Middle Init Shrader, Melodie, , ,	ial) or Full O	rgar	nization Name		Date c	of Re	eceipt					
	Mailing Address 325 7th St NW 9th Floor	State		Zip Code		07		01		2022			
	Washington	DC		20004	$\vdash$				A2022-1 Receipt th		-		
	FEC ID number of contributing federal political committee.	С									25.00		
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ VP	upat	ion (for Individual)		N	lemo	o Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 325.00	]								
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Shrader, Melodie, , ,	ial) or Full O	rgar	nization Name		Date c	of Re	eceipt					
	Mailing Address 325 7th St NW 9th Floor					07	1 /	D 15		2022			
	City Washington	State DC		Zip Code 20004					<b>A2022-</b> Receipt tl				
	FEC ID number of contributing federal political committee.	С				Ē		y	,	2	25.00		
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occu VP	upat	ion (for Individual)		N	/lemo	o Item					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 350.00									
	UBTOTAL of Receipts This Page (optional)				•			, .	· · ·	24	42.30		

FOR LINE NUMBER:

PAGE 29 OF

ıт.			e separate schedule(s)	(ch	(check only one)										
11	EMIZED RECEIPTS		each category of the tailed Summary Page		<b>4</b> 11a 13		11b 14	11c	12		17				
	y information copied from such Reports and Sta for commercial purposes, other than using the					for the		pose of	soliciting	g contri	butio	ns			
	NAME OF COMMITTEE (In Full)														
	Pharmaceutical Care Manageme	ent Asso	ciati	on Political Action	Cor	nmitte	ee	(PCN	1A PA	C)					
Α.	Full Name of Individual (Last, First, Middle Initi Shrader, Melodie, , ,	al) or Full O	rganiz	ration Name		Date o	f Re	eceipt							
	Mailing Address 325 7th St NW 9th Floor					м м 07	/	29	) / Y	2022					
	City Washington	State DC		Zip Code 20004	_				A2022-1 Receipt th						
	FEC ID number of contributing federal political committee.	С						-		2	5.00				
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occi VP	upatio	n (for Individual)		М	emo	tem							
	Receipt For: Primary General	Aggregate	Year-	to-Date ▼											
	Other (specify) ▼	L	7	375.00											
в.	Full Name of Individual (Last, First, Middle Initi Shrader, Melodie, , ,	al) or Full O	rganiz	ration Name		Date o	f Re	eceipt							
	Mailing Address 325 7th St NW 9th Floor					м м 08	/	12		2022	Y				
	City	State	Z	Zip Code	_	Transaction ID : A2022-1992456 Amount of Each Receipt this Period									
	Washington	DC		20004	_	Amoun	t of	Each R	Receipt th	nis Perie	bd				
	FEC ID number of contributing federal political committee.	С						-	-	2	5.00				
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ VP	upatio	n (for Individual)		М	emo	tem							
	Receipt For:	Aggregate	Year-	to-Date ▼											
	Primary General Other (specify) ▼		Ļ.	400.00											
<u> </u>	Full Name of Individual (Last, First, Middle Initi Shrader, Melodie, , ,	al) or Full O	rganiz	ation Name		Date o	f Re	eceipt							
	Mailing Address 325 7th St NW 9th Floor					08 M	/	D 26		2022	Ý	1			
	City Washington	State DC		Zip Code 20004				-	A2022-2 Receipt th		-				
	FEC ID number of contributing federal political committee.	С				<u> </u>		y .	, ,	2	5.00				
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occi VP	upatio	n (for Individual)		M	lemo	o Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-	to-Date ▼ 425.00											
s	UBTOTAL of Receipts This Page (optional)			•				, ,	. ,	7	5.00				
Т	OTAL This Period (last page this line number o	nly)		•••••	-			-	-		-				

FOR LINE NUMBER:

PAGE 30 OF

IТ	EMIZED RECEIPTS		Use separate schedule(s)	(check	(check only one)								
11			for each category of the Detailed Summary Page	<b>X</b> 11:	_	11b 14	11c 15	12 16	17				
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any paid and by any paid and political committee	person for t	he pu	rpose of	soliciting	g contribu	utions				
	NAME OF COMMITTEE (In Full)												
	Pharmaceutical Care Managem	ent Asso	ciation Political Action	Commi	ttee	(PCN	ia pa	C)					
Α.	Full Name of Individual (Last, First, Middle Init Shrader, Melodie, , ,	tial) or Full O	Organization Name	Date	of R	eceipt							
	Mailing Address 325 7th St NW 9th Floor				09 09 2022								
	City	State	Zip Code	Tra	ansac	tion ID :	A2022-2	198512					
	Washington	DC	20004	Amo	unt o	Each R	eceipt th	nis Period	ł				
	FEC ID number of contributing federal political committee.	С						25.	.00				
	Name of Employer (for Individual)	Occ	upation (for Individual)	$\neg$ $\Box$	Mem	o Item							
	Pharmaceutical Care Management Associa	VP											
	Receipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		450.00	1									
			-ge	- 1									
В.	Full Name of Individual (Last, First, Middle Init Shrader, Melodie, , ,	tial) or Full O	Organization Name	Date	of R	eceipt							
	Mailing Address 325 7th St NW 9th Floor			0		23	/ Y	y y 2022	Y				
	City	State	Zip Code	Tra	Transaction ID : A2022-2321995								
	Washington	DC	20004	Amo	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С				-		192.	.30				
	Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occ VP	upation (for Individual)		Mem	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General		642.30	1									
	Other (specify) <b>v</b>		, 042.30	_									
C.	Full Name of Individual (Last, First, Middle Init	tial) or Full O	Organization Name	Date	of R	eceipt							
	Mailing Address			M	М	/ D D	/ Y	YY	Y				
	City	State	Zip Code	Amo		Each B	eceint th	nis Period	4				
	FEC ID number of contributing						eceipt ti						
	federal political committee.	C				y	y y						
	Name of Employer (for Individual)	Occi	upation (for Individual)		Mem	o Item							
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General												
	Other (specify)		Apr. 1 Apr. 1 Apr. 1										
	IIPTOTAL of December This Dece (artists -1)							217.	.30				
$\vdash$	UBTOTAL of Receipts This Page (optional)					9							
т	OTAL This Period (last page this line number of	only)		• L		-		23379.	.42				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 31 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)									
ILEIVILLED RECEIPIS		for each category of the Detailed Summary Page	11a         11b         X         11c         12           13         14         15         16         17									
Any information copied from such Reports and s or for commercial purposes, other than using the			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
Pharmaceutical Care Managen	nent Asso	ciation Political Action	Committee (PCMA PAC)									
Full Name of Individual (Last, First, Middle In CVS Health PAC	itial) or Full C	rganization Name	Date of Receipt									
Mailing Address 1275 PENNSYLVANIA AVEN	IUE, NW Suite		08 30 Y Y Y Y Y 2022									
City WASHINGTON	State DC	Zip Code 20004	Transaction ID : A2022-19573           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C CO	0384818	5000.00									
Name of Employer (for Individual)	Occ	upation (for Individual)	Federal PAC									
Receipt For:	Aggregate	Year-to-Date V	_									
Primary General			1									
Other (specify) V		5000.00										
Full Name of Individual (Last, First, Middle In	itial) or Full C	rganization Name										
B. Mailing Address			Date of Receipt									
City	State	Zip Code	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General			1									
Other (specify) V		<u> </u>										
Full Name of Individual (Last, First, Middle In	itial) or Full C	rganization Name	Date of Receipt									
Mailing Address			M M / D D / Y Y Y Y									
City	State	Zip Code	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С											
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item									
Receipt For:	Aggregate	Year-to-Date V	1									
Other (specify)		-92 - 42										
SUBTOTAL of Receipts This Page (optional)		•••••••••••••••••••••••••••••••••••••••	5000.00									
TOTAL This Period (last page this line number	only)	·····	5000.00									

S	CHEDULE B (FEC Form 3X)			F	OR I	LINE N	IUMBF	R:				PAG	E 3	32 OF	= 39
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	c only	one)			г				07	
			Summary Page			21b 28a	22		23 28c	$\left  \right $		26 29		27 30b	
	y information copied from such Reports and State for commercial purposes, other than using the na				any	perso	n for tl	ne pu	rpose		soli	citing	con	tributio	
$  \rangle$	NAME OF COMMITTEE (In Full)	4 A'	otion Dalities	Λ.	4: -	- O-		<b>11 -</b> -	(0.0		<i>.</i>	<b>م</b> م			
/	Pharmaceutical Care Managemen	IL ASSOCI	ation Political	AC	JUOI	n C0	m	uee	(PC	<i>\</i>  \	/IA	ra(	(ر		
Α.	Full Name (Last, First, Middle Initial) PayPal Inc. Mailing Address P.O. Box 7022						Date	M	isburs		) /	Y	Y 202	2 2	
	City Mountain View	State CA	Zip Code 94039				FEC	Ident	ificatio	n	Num	ber			
	Purpose of Disbursement Credit Card Processing Fee		34033	C	001		С	Franc	actior	۰ II	D · P	8254	52		
	Candidate Name				egory	y/								his Pe	eriod
	Office Sought: House Disburse	ment For: 2 Primary	2022 General	Ţ	ype				- <b>j</b>			, ,	1	44.99	
	State: District:	Other (spec						Memo	Item						
	Full Name (Last, First, Middle Initial)														
Β.	PayPal Inc.						Date	of D	isburs	en	nent				
	Mailing Address P.O. Box 7022						08 / D D / Y Y Y Y Y 2022								
	City	State	Zip Code				FEC	Ident	ificatio	n	Num	ber			
	Mountain View Purpose of Disbursement	CA	94039				-	-	-		-		-		
	Credit Card Processing Fee			C	001		С	Franc	2041		<b>.</b>	9252	01		
	Candidate Name				egory ype	y/			<b>actior</b> f Each					his Pe	eriod
	Office Sought: House Disburse	ment For: 2 Primary	2022 General				L		-			,	1	44.99	
	President <b>x</b>	Other (spec					п.	Mama	Itom						
	State: District:	1	Not Applicable						Item						
C.	Full Name (Last, First, Middle Initial) PayPal Inc.								isburs						_
	Mailing Address P.O. Box 7022						м 0			28		Y	202	22	
	City	State	Zip Code				FEC	Ident	ificatio	n	Num	ber			
	Mountain View Purpose of Disbursement	CA	94039				$\mathbf{C}$		-				-		
	Credit Card Processing Fee Candidate Name			-	001				action						riad
					egory ype	y/	A110		Lach	I L	าอมน	sem	ent t	his Pe	FILUU
		ment For: 2							-			,	_	72.74	
	Senate President	Primary Other (spec	General cifv) ▼												
	State: District:		Not Applicable					Memo	Item						
⊢	UBTOTAL of Disbursements This Page (optional).								-y			-y	Η	362.72	2

SC	HEDULE B (FEC Form 3X)			F	DR I	INE N	UMBER	:			F	PAGE	33 (	DF	39
ITE	MIZED DISBURSEMENTS		arate schedule(s) category of the		heck	only	one)			_					
			Summary Page		_	21b 28a	22 28b		23 28c		26		27 30b		
An	/ information copied from such Reports and State	ments may r	not be sold or user	l 1 bv				nur		of				tione	
	for commercial purposes, other than using the na														
$\backslash$						~	•		( <b>D O</b>						
	Pharmaceutical Care Managemen	IT ASSOCI	ation Political	AC	tior		mmitt	ee	(PC	۶IV		'AC	)		
	Full Name (Last, First, Middle Initial)														
Α.	PayPal Inc.						Date o				ent				
	Mailing Address P.O. Box 7022						09		0	)6	/		2022	Y	
	City	State	Zip Code				FEC lo	denti	icatio	n I	Numb	er			
	Mountain View Purpose of Disbursement	CA	94039							-			-		
	Credit Card Processing Fee			0	01		С				_				
	Candidate Name		L	Cate	egory	//			<b>ction</b> Each				5 nt this I	Perio	bd
	Office Occurrent 11				ype		_			-	-	-		-	
	Office Sought: House Disburse	ment For: 2 Primary	2022 General						7	_			3.9	0	
	President	Other (spec					NA.	amo	Item						
	State: District:	i	Not Applicable				IVIO		nem						
	Full Name (Last, First, Middle Initial)						Data								
D.	PayPal Inc.						Date c			-	ent	V	Y Y	V	
	Mailing Address P.O. Box 7022			09			D 12	,		2022	T				
	City	State	Zip Code				FEC lo	denti	icatio	n I	Numb	er			
	Mountain View Purpose of Disbursement	CA	94039			_	С								
	Credit Card Processing Fee			C	001			anea	ction		• B8	28110			
	Candidate Name				egory	//							, nt this I	Perio	bd
	Office Sought: House Disburse	ment For: ;	2022	Ty	ype								144.9	99	٦.
	Senate	Primary	General						,	-					
	President <b>x</b>	Other (spec					M	emo	Item						
	State: District:		Not Applicable												
C.	Full Name (Last, First, Middle Initial)						Date o	of Dis	sburse	em	ent				
							MN	/	D	D	1	Y	Y Y	Y	
	Mailing Address						<u> </u>		L	_					
	City	State	Zip Code				FEC lo	denti	icatio	n I	Numb	er			
	Purpose of Disbursement						С				-				
								-	-	-	-		_		
	Candidate Name			Cate Ty	egory ype	//	Amour	nt of	Each	D	isbur	semer	nt this I	Perio	d
	Office Sought: House Disburse	ment For:	Ganaral	_	_				7	_			1		
	President	Primary Other (spec	General cify) ▼						н.						
	State: District:		<i>,</i> , ,				M	emo	Item						
							_		-			_		-	
I 1														~ -	
s	JBTOTAL of Disbursements This Page (optional).								7	_			148.	95	_

SCHEDULE B (FEC Form 3X)		rate schedule(s)	FOR LINE I	NUMBER: PAGE 34 OF 39									
ITEMIZED DISBURSEMENTS	(check only 21b 28a	/ one) 22 ¥ 23 26 27 28b 28c 29 30b											
Any information copied from such Reports and Staten or for commercial purposes, other than using the name													
NAME OF COMMITTEE (In Full) Pharmaceutical Care Management	t Associa	ation Political	I Action Co	ommittee (PCMA PAC)									
Full Name (Last, First, Middle Initial)         A. Elise for Congress         Mailing Address 220 W Windsor Ave				Date of Disbursement									
5	State	Zip Code		FEC Identification Number									
Alexandria Purpose of Disbursement Contribution Candidate Name	Contribution 011												
Stefanik, Elise, , ,         Office Sought:       x       House       Disburser	Stefanik, Elise, , ,     Category/ Type       Office Sought:     X       House     Disbursement For: 2022												
	President Other (specify)												
Full Name (Last, First, Middle Initial)         B. Hern For Congress         Mailing Address 5827 Colfax Avenue		Date of Disbursement											
Alexandria Purpose of Disbursement Contribution Candidate Name Hern, Kevin, R, , Office Sought:	State VA ment For: 2 Primary	<b>x</b> General	011 Category/ Type	FEC Identification Number C C00636092 Transaction ID : B826820 Amount of Each Disbursement this Period 1000.00									
State: OK District: 01	Other (spec	cify)		Memo Item									
Full Name (Last, First, Middle Initial)         C. Jim Banks for Congress Inc.         Mailing Address 439 New Jersey Ave SE				Date of Disbursement									
City Standard Stand Standard Standard Stand Standard Standard Stan	State DC	Zip Code 20003		FEC Identification Number									
Candidate Name Banks, James, E, ,	011 Category/ Type	Transaction ID : B826818 Amount of Each Disbursement this Period 1000.00											
	Primary Other (spec	<b>x</b> General		Memo Item									
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				2500.00									

ldress of any political	committee to	-					
ldress of any political	committee to						
ciation Political							
	Action Co	ommittee (PCMA PAC)					
		Date of Disbursement					
City State Zip Code Alexandria VA 22311							
Purpose of Disbursement Contribution 011 Candidate Name							
Latta, Bob, , ,       Category/ Type         Office Sought:       x         House       Disbursement For: 2022         Senate       Primary         President       Other (specify)							
State:       OH       District:       05         Full Name (Last, First, Middle Initial)       B.       Terri Sewell for Congress         Mailing Address       499 South Capitol Street SW							
2022 X General	011 Category/ Type	FEC Identification Number C C00458976 Transaction ID : B826817 Amount of Each Disbursement this Period 1000.00 Memo Item					
		Date of Disbursement					
	011 Category/ Type	FEC Identification Number C C00696591 Transaction ID : B830628 Amount of Each Disbursement this Period 5000.00 Memo Item					
	22311 2022 x General Decify) ▼ 2022 2022 x General 2022 x General 2022 x General 2022 x General	22311 011 Category/ Type 2022 ★ General Decify) ▼ 2022 2003 011 Category/ Type 2022 ★ General 2022 2022 2022 2022 Category/ Type 2022 Category/ 1011 Category/ Type 2022 Category/ 1011 Category/ Type 2022 Category/ Type 2022 Category/ 1011 Category/ Type 2022 Category/ Type 2022 Category/ Type 2022 Category/ Type 2022 Category/ Type 2022 Category/ Type 2022 Category/ Type 2022 Category/ Type 2022 Category/ Type 2022 Category/ Type 2022 Category/ Type 2022 Category/ Type 2022 Category/ Type 2022 Category/ Type 2022 Category/ Category/ Type 2022 Category/ Category/ Type 2022 Category/ Category/ Type 2022 Category/ Category/ Type					

	CHEDULE B (FEC Form 3X)	-	NE NUMBER: PAGE 36 OF 39											
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	22         X         23         26         27           28b         28c         29         30b									
	y information copied from such Reports and State for commercial purposes, other than using the nat													
$\setminus$	NAME OF COMMITTEE (In Full)													
	Pharmaceutical Care Managemen	t Associa	ation Politica	al Action Co	ommittee (PCMA PAC)									
Α.	Full Name (Last, First, Middle Initial) Andy Barr for Congress Inc.	Date of Disbursement												
	Mailing Address 2817 North Jefferson Street				09 22 2022									
	City Arlington	State VA	Zip Code 22207		FEC Identification Number									
	Purpose of Disbursement Contribution	•		011	C C00467571									
	Candidate Name			Category/	Transaction ID : B830412 Amount of Each Disbursement this Period									
	Barr, Andy, , ,			Туре	1000.00									
	Office Sought: X House Disburse Senate President		100.00											
	State: KY District: 06	Other (spec	city) 🔻		Memo Item									
В.	Full Name (Last, First, Middle Initial) Beth Van Duyne For Congress Mailing Address 5827 Colfax Avenue		Date of Disbursement											
	City Alexandria	State VA	Zip Code 22311		FEC Identification Number									
	Purpose of Disbursement Contribution	pose of Disbursement												
	Candidate Name	Category/	Transaction ID : B830418 Amount of Each Disbursement this Period											
	Van Duyne, Elizabeth, , , Office Sought: x House Disburse	Туре	1000.00											
	State: TX District: 24		Memo Item											
C.	Full Name (Last, First, Middle Initial) Blue Dog Political Action Committe	ee			Date of Disbursement									
	Mailing Address P.O. Box 83142				09 / D D / Y Y Y Y 22 2022									
	Gaithersburg	State MD	Zip Code 20883		FEC Identification Number									
	Purpose of Disbursement Contribution Candidate Name			011 Category/ Type	C C00305318 Transaction ID : B830631 Amount of Each Disbursement this Period									
	Office Sought: House Disburse Senate President		5000.00											
	State: District:	Other (spec	Not Applicable	)	Memo Item									
$\vdash$	UBTOTAL of Disbursements This Page (optional).				7000.00									

SCHEDULE B (FE	C Form 3X)			FOR LINE	NUMBER: PAGE 37 OF 39								
ITEMIZED DISBUR	SEMENTS	for each	arate schedule(s) category of the Summary Page	(check onl	y one)								
		28b 28c 29 30b											
					son for the purpose of soliciting contributions o solicit contributions from such committee.								
	. ,												
Pharmaceutical C	Care Managemer	nt Associa	ation Politica	al Action C	Committee (PCMA PAC)								
Full Name (Last, First, M A. Building Bridges	,				Date of Disbursement								
Mailing Address 221 Nort	h Patrick Street				09 / 22 / Y Y Y Y 09 22 2022								
City Alexandria		State VA	Zip Code 22314		FEC Identification Number								
Purpose of Disbursement Contribution				011	C C00693127								
Candidate Name				Category/ Type	Transaction ID : B830630 Amount of Each Disbursement this Period								
Ŭ	ouse Disburse enate	ement For: 2 Primary	2022 General	71-	5000.00								
State: District	resident <b>x</b>	Memo Item											
Full Name (Last, First, M B. Byron Donalds fo	,				Date of Disbursement								
	n Congress		M M / D D / Y Y Y Y										
Mailing Address 8616 Bu	ickboard Drive	09 22 2022											
City Alexadria		State VA	Zip Code 22308		FEC Identification Number								
Purpose of Disbursement Contribution			011	C C00733329 Transaction ID : B830417									
Candidate Name		Amount of Each Disbursement this Period											
Donalds, Byron,	ouse Disburse	Туре	500.00										
· · ·	enate												
State: FL District	resident 19	Other (spec	cify)		Memo Item								
Full Name (Last, First, M C. Cathy McMorris F	,	Iress			Date of Disbursement								
Mailing Address 410 First		09 22 2022											
City		State	Zip Code										
Washington		DC	20003		FEC Identification Number								
Purpose of Disbursement Contribution		011	C C00390476										
Candidate Name		Transaction ID : B830419 Amount of Each Disbursement this Period											
McMorris Rodge			Category/ Type										
	ouse Disburse enate	ment For: 2			1000.00								
	resident	Primary Other (spec	ify) ▼		Memo Item								
SUBTOTAL of Disburseme	nts This Page (optional).			••••••	6500.00								
TOTAL This Period (last pa	age this line number only	/)		••••••									

SCHEDULE B (FEC Form 3X)						F	OR	LINE	NUMBER: PAGE 38 OF 39									
ITEMIZED DISBURSEMENTS			for each	) (0	heo	ck only │21b						26 27						
					Detailed		-	210 28a	22 28b	-	23 28c	$\vdash$	20	$\vdash$	30b			
Any inform or for com	mation copiec nmercial purp	I from such Rooses, other th	eports nan usir	and State	ments may i me and addi	not be sold or u ress of any polit	sed by ical cor	an nm	y perso ittee to	n for the solicit co	e pur ontrit	pose	of s fr	solicit rom s	ing co uch c	ontributic ommittee	ons Ə.	
		TEE (In Full)						<i>.</i> .	-			/= -						
/				gemen	it Associa	ation Politic	al Ac	ctic	on Co	ommitt	ee	(PC	M	IA P	AC)	)		
	•	rst, Middle Init wid Schw	,	t						Date of	of Di			ent			_	
Mailing	g Address 27	76 South Arling	gton Mi	ll Drive #1						09		2	22	/		022		
City					State VA	Zip Code				FEC Identification Number								
Arlingto Purpos	on se of Disburs	ement			VA	22206				С	CO	15406	17					
	Contribution 011									C C00540617 Transaction ID : B830414								
	late Name	که دادا					Cat									t this Pe	eriod	
	Neikert, C Sought:	House		Dishurse	ment For: 2	2022	Т	уре	•							1000.00	<u> </u>	
Childo	eeugin.	Senate			Primary	General												
State:	AZ [	President		×	Other (spec	cify) <b>▼</b> Debt Ret Prim	arv			М	emo	Item						
		rst, Middle Init	tial)			Dobtriotri												
B. Kat for Congress									Date of Disbursement 09 / 22 / 2022									
Mailing Address 8616 Buckboard Drive																		
City Alexan	odria				State VA						FEC Identification Number							
Purpos	e of Disburs	ement								С соотзов95								
Candid	Candidate Name Cammack, Kat, , , Category/ Type										Transaction ID : B830411 Amount of Each Disbursement this Period							
Cam										Amou		Each	DI	ISDUIS	emen		illou	
Office	Office Sought:     X     House     Disbursement For:     2022       Senate     Primary     X     General								<u> </u>	1000.00								
									Memo Item									
State:																		
	ame (Last, Fi <b>k Kelly fo</b>	rst, Middle Init r Senate	tial)							Date of	of Di	sburse	əm	ent				
	•									M	1 /	D		/		Y Y	1	
Mailing	Address PC	) Box 33400								09		2	22		2	2022		
City Phoeni	ix				State AZ	Zip Code 85013				FEC I	denti	ficatio	n ľ	Numb	er			
Purpose of Disbursement Contribution 011 Candidate Name Category/									C C00696526									
									Tı Amouı	eriod								
Kell	y, Mark, ,	,						јуре		7 (110 01		Luon						
Office	Sought:	House		Disburse	ment For: 2							,		-,		1000.00		
★     Senate     Primary     ★     General       President     Other (specify)     ▼																		
State:	AZ [	District:				(), (), (), (), (), (), (), (), (), (),				M	emo	Item						
												-				3000.00		
SUBTOT	AL of Disbur	sements This	Page	(optional).					•• 🕨	+	÷	-			_	3000.00	,	
TOTAL 1	This Period (I	ast page this	line nu	mber only	/)				🕨	L.		,						

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 39 OF 39					
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	/ one)					
		Summary Page	21b 28a	22         ¥         23         26         27           28b         28c         29         30b					
Any information copied from such Reports and Sta or for commercial purposes, other than using the r			d by any perso	on for the purpose of soliciting contributions					
NAME OF COMMITTEE (In Full)	mt /	otion Delitie							
Pharmaceutical Care Manageme	ent Associ	ation Politica	I Action Co	ommittee (PCMA PAC)					
Full Name (Last, First, Middle Initial)         A.         McConnell Senate Committee         Mailing Address PO Box 1496	Date of Disbursement								
City									
Louisville	KY	Zip Code 40201		FEC Identification Number					
Purpose of Disbursement Contribution			011	C C00193342					
Candidate Name				Transaction ID : B830632					
McConnell, Mitch, , ,			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disbur	sement For:	2026 General		2500.00					
State: KY District:	Other (spe			Memo Item					
Full Name (Last, First, Middle Initial)									
B. New Democrat Coalition Action F	Date of Disbursement								
Mailing Address 233 Pennsylvania Ave SE									
City	State		FEC Identification Number						
Washington Purpose of Disbursement	DC		<b>C</b> C00409730						
Contribution	Transaction ID : B830629								
Candidate Name	Category/	Amount of Each Disbursement this Period							
Office Sought: House Disbur	Office Sought: House Disbursement For: 2022								
Senate									
President	X Other (spe	ecify)		Memo Item					
State: District:		Not Applicable							
Full Name (Last, First, Middle Initial) C. Blake Moore For Congress				Date of Disbursement					
Mailing Address 3213 Duke Street Suite 700				09 / 29 / Y Y Y Y					
City	State VA	Zip Code 22314		FEC Identification Number					
Alexandria Purpose of Disbursement	C C00738872								
Contribution	Transaction ID : B832141								
Candidate Name	Amount of Each Disbursement this Period								
Moore, Blake, , , Office Sought:	sement For:	2022	Туре	1000.00					
Senate									
President	Memo Item								
State: UT District: 01									
SUBTOTAL of Disbursements This Page (optiona	l)		••••••	8500.00					
TOTAL This Period (last page this line number or				34500.00					