

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) 327 7th St. NW 9th Floor
Check if different than previously reported. (ACC) Washington DC 20004

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00388819
3. IS THIS REPORT NEW OR AMENDED (A)
[x] (N)

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 M M / D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the:
[ ] General (30G) [ ] Runoff (30R) [ ] Special (30S)
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2022 through 09 / 30 / 2022

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 / 13 / 2022

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**

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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="2022"/>	<input type="text" value="20801.95"/>	<input type="text" value="20801.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9495.83"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="29160.72"/>	<input type="text" value="66946.24"/>
(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="38656.55"/>	<input type="text" value="87748.19"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35020.46"/>	<input type="text" value="84112.10"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="3636.09"/>	<input type="text" value="3636.09"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	23379.42	38943.18
(ii) Unitemized .....	781.30	3003.06
(iii) TOTAL (add 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
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)).....▶	29160.72	66946.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	29160.72	66946.24

**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 .....	520.46	612.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	520.46	612.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	34500.00	83500.00
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)) ..	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

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	29160.72	66946.24
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29160.72	66946.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	520.46	612.10
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	520.46	612.10

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Bradham, Jennifer, , ,</b>			Date of Receipt
Mailing Address 325 7th St NW 9th Floor			<input type="text" value="08"/> / <input type="text" value="26"/> / <input type="text" value="2022"/>
City Washington	State DC	Zip Code 20004	<b>Transaction ID : A2022-2044418</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="12.00"/>
Name of Employer (for Individual) Pharmaceutical Care Management Associa		Occupation (for Individual) SR DIR	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="204.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Bradham, Jennifer, , ,</b>			Date of Receipt
Mailing Address 325 7th St NW 9th Floor			<input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2022"/>
City Washington	State DC	Zip Code 20004	<b>Transaction ID : A2022-2198507</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="12.00"/>
Name of Employer (for Individual) Pharmaceutical Care Management Associa		Occupation (for Individual) SR DIR	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="216.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bradham, Jennifer, , ,</b>			Date of Receipt
Mailing Address 325 7th St NW 9th Floor			<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2022"/>
City Washington	State DC	Zip Code 20004	<b>Transaction ID : A2022-2322006</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="12.00"/>
Name of Employer (for Individual) Pharmaceutical Care Management Associa		Occupation (for Individual) SR DIR	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="228.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="36.00"/>
<b>TOTAL</b> This Period (last page this line number only).....	<input type="text"/>

**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 39
	<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)**

**A. Dube, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2022  
**Transaction ID : A2022-1598886**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item

**B. Dube, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2022  
**Transaction ID : A2022-1717964**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

**C. Dube, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2022  
**Transaction ID : A2022-1800131**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 8 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. Dube, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 08 / 12 / 2022  
**Transaction ID : A2022-1992460**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Dube, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 08 / 26 / 2022  
**Transaction ID : A2022-2044410**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**C. Dube, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 09 / 09 / 2022  
**Transaction ID : A2022-2198516**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> 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 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. Dube, Timothy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : A2022-2321998**  
 Amount of Each Receipt this Period 80.00  
 Memo Item

**B. Fleming, William, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Main Street  
 City Louisville State KY Zip Code 40202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Humana, Inc Occupation (for Individual) President, Pharmacy Solutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 08 / 08 / 2022  
**Transaction ID : A2022-1801808**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. Foster, Behrends, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1722 North Nelson Street  
 City Arlington State VA Zip Code 22207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bluestone Strategies LLC Occupation (for Individual) Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 12 / 2022  
**Transaction ID : A2022-2163706**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10080.00
<b>TOTAL</b> 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 10 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Frost, Amanda, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 01 / 2022  
**Transaction ID : A2022-1598885**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Frost, Amanda, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 310.00

Date of Receipt 07 / 15 / 2022  
**Transaction ID : A2022-1717963**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Frost, Amanda, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 07 / 29 / 2022  
**Transaction ID : A2022-1800130**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> 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 11 OF 39
	<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)**

**A. Frost, Amanda, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate 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

**B. Frost, Amanda, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 460.00

Date of Receipt 08 / 26 / 2022  
**Transaction ID : A2022-2044409**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Frost, Amanda, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 09 / 2022  
**Transaction ID : A2022-2198515**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 12 OF 39
	<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. Frost, Amanda, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : A2022-2321999**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Hadley, Brynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th Streeth NW, 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Senior Director, Conferences  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 19 / 2022  
**Transaction ID : A2022-1766593**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Hallemeier, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 07 / 01 / 2022  
**Transaction ID : A2022-1598889**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	330.00
<b>TOTAL</b> 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 13 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. Hallemeier, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 07 / 15 / 2022  
**Transaction ID : A2022-171967**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Hallemeier, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 29 / 2022  
**Transaction ID : A2022-1800134**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Hallemeier, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 08 / 12 / 2022  
**Transaction ID : A2022-1992458**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<b>TOTAL</b> 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 14 OF 39
	<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)**

**A. Hallemeier, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 08 / 26 / 2022  
**Transaction ID : A2022-2044408**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Hallemeier, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 09 / 2022  
**Transaction ID : A2022-2198514**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**C. Hallemeier, Samuel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SR MANAGER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : A2022-2322000**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> 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 15 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Head, William, R, ,</b>			Date of Receipt
Mailing Address 325 7th St NW 9th Floor			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2022"/>
City Washington	State DC	Zip Code 20004	<b>Transaction ID : A2022-1717965</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer (for Individual) Pharmaceutical Care Management Associa		Occupation (for Individual) AVP	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Head, William, R, ,</b>			Date of Receipt
Mailing Address 325 7th St NW 9th Floor			<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2022"/>
City Washington	State DC	Zip Code 20004	<b>Transaction ID : A2022-1800132</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer (for Individual) Pharmaceutical Care Management Associa		Occupation (for Individual) AVP	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Head, William, R, ,</b>			Date of Receipt
Mailing Address 325 7th St NW 9th Floor			<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2022"/>
City Washington	State DC	Zip Code 20004	<b>Transaction ID : A2022-1992452</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="15.00"/>
Name of Employer (for Individual) Pharmaceutical Care Management Associa		Occupation (for Individual) AVP	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="45.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 16 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

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. Head, William, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
 08 / 26 / 2022  
**Transaction ID : A2022-2044419**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**B. Head, William, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 09 / 09 / 2022  
**Transaction ID : A2022-2198508**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

**C. Head, William, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
 09 / 23 / 2022  
**Transaction ID : A2022-2322005**  
 Amount of Each Receipt this Period 15.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	45.00
<b>TOTAL</b> 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 17 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. Kamal, Mostafa, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 77 Water St Ste 811

City New York	State NY	Zip Code 07960
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Magellan Rx Management	Occupation (for Individual) CEO
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2022  
**Transaction ID : A2022-1766594**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Mack, Michelle, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.18

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2022  
**Transaction ID : A2022-1598888**

Amount of Each Receipt this Period  
28.86

Memo Item

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

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
404.04

Date of Receipt  
MM / DD / YYYY  
07 / 15 / 2022  
**Transaction ID : A2022-1717966**

Amount of Each Receipt this Period  
28.86

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5057.72
<b>TOTAL</b> 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 18 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. Mack, Michelle, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
432.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2022

**Transaction ID : A2022-1800133**

Amount of Each Receipt this Period  

28.86
-------

 Memo Item

**B. Mack, Michelle, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2022

**Transaction ID : A2022-1992457**

Amount of Each Receipt this Period  

28.86
-------

 Memo Item

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

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) DIRECTOR
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
490.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2022

**Transaction ID : A2022-2044407**

Amount of Each Receipt this Period  

28.86
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	86.58
<b>TOTAL</b> 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 19 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. Mack, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 519.48

Date of Receipt 09 / 09 / 2022  
**Transaction ID : A2022-2198513**  
 Amount of Each Receipt this Period 28.86  
 Memo Item

**B. Mack, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) DIRECTOR  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 548.34

Date of Receipt 09 / 23 / 2022  
**Transaction ID : A2022-2322001**  
 Amount of Each Receipt this Period 28.86  
 Memo Item

**C. McCarthy, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.02
<b>TOTAL</b> 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 20 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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. McCarthy, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 07 / 15 / 2022  
**Transaction ID : A2022-1717957**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. McCarthy, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt 07 / 29 / 2022  
**Transaction ID : A2022-1800124**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. McCarthy, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt 08 / 12 / 2022  
**Transaction ID : A2022-1992461**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> 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 21 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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. McCarthy, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 26 / 2022  
**Transaction ID : A2022-2044411**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. McCarthy, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 09 / 09 / 2022  
**Transaction ID : A2022-2198517**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. McCarthy, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 23 / 2022  
**Transaction ID : A2022-2321994**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> 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 22 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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	

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. Murphy, Katherine, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 01 / 2022  
**Transaction ID : A2022-1598882**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Murphy, Katherine, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2022  
**Transaction ID : A2022-1717960**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Murphy, Katherine, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 29 / 2022  
**Transaction ID : A2022-1800127**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 23 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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. Murphy, Katherine, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 12 / 2022  
**Transaction ID : A2022-1992453**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Murphy, Katherine, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 26 / 2022  
**Transaction ID : A2022-2044420**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Murphy, Katherine, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 09 / 2022  
**Transaction ID : A2022-2198509**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 24 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. Murphy, Katherine, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 860.00

Date of Receipt 09 / 20 / 2022  
**Transaction ID : A2022-2285801**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Murphy, Katherine, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) AVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 09 / 23 / 2022  
**Transaction ID : A2022-2322002**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Paulus, Ken, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8400 Normandale Lake Blvd, Suite 7  
 City Bloomington State MN Zip Code 55437  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prime Therapeutics LLC Occupation (for Individual) President & CEO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 08 / 08 / 2022  
**Transaction ID : A2022-1972176**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3020.00
<b>TOTAL</b> 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 25 OF 39
	<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)**

**A. Rowley, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SVP STATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 08 / 26 / 2022  
**Transaction ID : A2022-2044412**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Rowley, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SVP STATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 09 / 09 / 2022  
**Transaction ID : A2022-2198518**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Rowley, Lauren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) SVP STATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 23 / 2022  
**Transaction ID : A2022-2321996**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> 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 26 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **07 / 01 / 2022**  
**Transaction ID : A2022-1598884**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.20

Date of Receipt **07 / 15 / 2022**  
**Transaction ID : A2022-1717962**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 29 / 2022**  
**Transaction ID : A2022-1800129**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> 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 27 OF 39
	<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)**

**A. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt 08 / 12 / 2022  
**Transaction ID : A2022-1992463**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt 08 / 26 / 2022  
**Transaction ID : A2022-2044413**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 09 / 09 / 2022  
**Transaction ID : A2022-2198519**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> 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 28 OF 39
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input 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. Scott, Juan, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt **09 / 23 / 2022**  
**Transaction ID : A2022-2321997**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Shrader, Melodie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **07 / 01 / 2022**  
**Transaction ID : A2022-1598883**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Shrader, Melodie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **07 / 15 / 2022**  
**Transaction ID : A2022-1717961**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	242.30
<b>TOTAL</b> 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 29 OF 39
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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. Shradr, Melodie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 29 / 2022  
**Transaction ID : A2022-1800128**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**B. Shradr, Melodie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 12 / 2022  
**Transaction ID : A2022-1992456**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. Shradr, Melodie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 325 7th St NW 9th Floor  
 City Washington State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmaceutical Care Management Associa Occupation (for Individual) VP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 08 / 26 / 2022  
**Transaction ID : A2022-2044406**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> 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 30 OF 39
	<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)**

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

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M / D D / Y Y Y Y Y
09 / 09 / 2022

**Transaction ID : A2022-2198512**

Amount of Each Receipt this Period  
25.00

Memo Item

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

Mailing Address 325 7th St NW 9th Floor

City Washington	State DC	Zip Code 20004
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmaceutical Care Management Associa	Occupation (for Individual) VP
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
642.30

Date of Receipt  

M M / D D / Y Y Y Y Y
09 / 23 / 2022

**Transaction ID : A2022-2321995**

Amount of Each Receipt this Period  
192.30

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
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	217.30
<b>TOTAL</b> This Period (last page this line number only).....	23379.42

**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 31 OF 39
<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

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
08		30		2022

**Transaction ID : A2022-19573**

Amount of Each Receipt this Period  
5000.00

Memo Item  
Federal PAC

**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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. PayPal Inc.**

Mailing Address P.O. Box 7022

City  
Mountain View

State  
CA

Zip Code  
94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	2

FEC Identification Number

C [REDACTED]

**Transaction ID : B825153**

Amount of Each Disbursement this Period

[REDACTED] 144.99

Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal Inc.**

Mailing Address P.O. Box 7022

City  
Mountain View

State  
CA

Zip Code  
94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	2

FEC Identification Number

C [REDACTED]

**Transaction ID : B825301**

Amount of Each Disbursement this Period

[REDACTED] 144.99

Memo Item

Full Name (Last, First, Middle Initial)

**C. PayPal Inc.**

Mailing Address P.O. Box 7022

City  
Mountain View

State  
CA

Zip Code  
94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	2

FEC Identification Number

C [REDACTED]

**Transaction ID : B825912**

Amount of Each Disbursement this Period

[REDACTED] 72.74

Memo Item

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

[REDACTED] 362.72

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

[REDACTED]



**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. PayPal Inc.**

Mailing Address P.O. Box 7022

City  
Mountain View

State  
CA

Zip Code  
94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	6		2	0	2	2

FEC Identification Number

C [ ]

**Transaction ID : B827505**

Amount of Each Disbursement this Period

[ ] 3.96 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. PayPal Inc.**

Mailing Address P.O. Box 7022

City  
Mountain View

State  
CA

Zip Code  
94039

Purpose of Disbursement  
Credit Card Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	2	2

FEC Identification Number

C [ ]

**Transaction ID : B828119**

Amount of Each Disbursement this Period

[ ] 144.99 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ] [ ]

Memo Item

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

[ ] 148.95 [ ]

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

[ ] 511.67 [ ]

**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. Elise for Congress**

Mailing Address 220 W Windsor Ave

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Stefanik, Elise, , ,**

Office Sought:  House  Senate  President  
State: NY District: 21

Disbursement For: 2022  
 Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B826816**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Hern For Congress**

Mailing Address 5827 Colfax Avenue

City Alexandria State VA Zip Code 22311

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Hern, Kevin, R, ,**

Office Sought:  House  Senate  President  
State: OK District: 01

Disbursement For: 2022  
 Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B826820**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Jim Banks for Congress Inc.**

Mailing Address 439 New Jersey Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Banks, James, E, ,**

Office Sought:  House  Senate  President  
State: IN District: 03

Disbursement For: 2022  
 Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B826818**

Amount of Each Disbursement this Period

Memo Item

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

**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. Latta for Congress**

Mailing Address 5827 Colfax Avenue

City Alexandria State VA Zip Code 22311

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

**Latta, Bob, , ,**

Office Sought:  House  Senate  President  
State: OH District: 05

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2022

FEC Identification Number

C C00438697

**Transaction ID : B826819**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Terri Sewell for Congress**

Mailing Address 499 South Capitol Street SW

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

**Sewell, Terri, , ,**

Office Sought:  House  Senate  President  
State: AL District: 07

Disbursement For: 2022  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2022

FEC Identification Number

C C00458976

**Transaction ID : B826817**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Across the Aisle PAC**

Mailing Address 600 Pennsylvania Ave SE # 15845

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2022  
 Primary  General  
 Other (specify) ▼ Not Applicable

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2022

FEC Identification Number

C C00696591

**Transaction ID : B830628**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

7000.00

**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. Andy Barr for Congress Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2022

Mailing Address 2817 North Jefferson Street

FEC Identification Number

C	C00467571
---	-----------

City Arlington	State VA	Zip Code 22207
-------------------	-------------	-------------------

**Transaction ID : B830412**

Purpose of Disbursement  
Contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Barr, Andy, , ,**

Office Sought:  House  
 Senate  
 President

State: KY District: 06

Disbursement For: 2022

Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B. Beth Van Duyne For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2022

Mailing Address 5827 Colfax Avenue

FEC Identification Number

C	C00714865
---	-----------

City Alexandria	State VA	Zip Code 22311
--------------------	-------------	-------------------

**Transaction ID : B830418**

Purpose of Disbursement  
Contribution

011
Category/ Type

Amount of Each Disbursement this Period

1000.00
---------

Candidate Name

**Van Duyne, Elizabeth, , ,**

Office Sought:  House  
 Senate  
 President

State: TX District: 24

Disbursement For: 2022

Primary  General  
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blue Dog Political Action Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2022

Mailing Address P.O. Box 83142

FEC Identification Number

C	C00305318
---	-----------

City Gaithersburg	State MD	Zip Code 20883
----------------------	-------------	-------------------

**Transaction ID : B830631**

Purpose of Disbursement  
Contribution

011
Category/ Type

Amount of Each Disbursement this Period

5000.00
---------

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2022

Primary  General  
 Other (specify) ▼  
Not Applicable

Memo Item

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

7000.00
---------

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

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**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. Building Bridges PAC**

Mailing Address 221 North Patrick Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B830630**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Byron Donalds for Congress**

Mailing Address 8616 Buckboard Drive

City Alexandria State VA Zip Code 22308

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**Donalds, Byron, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: FL District: 19

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B830417**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Cathy McMorris Rodgers for Congress**

Mailing Address 410 First Street SE 2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name

**McMorris Rodgers, Cathy, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2022  
 Primary  General  
 Other (specify)

State: WA District: 05

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B830419**

Amount of Each Disbursement this Period

Memo Item

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

**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. Friends of David Schweikert**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2022

Mailing Address 2776 South Arlington Mill Drive #1

FEC Identification Number

C	C00540617
---	-----------

**Transaction ID : B830414**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City Arlington State VA Zip Code 22206

Purpose of Disbursement Contribution

011
Category/ Type

Candidate Name

**Schweikert, David, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) Debt Ret Primary

State: AZ District: 01

Full Name (Last, First, Middle Initial)

**B. Kat for Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2022

Mailing Address 8616 Buckboard Drive

FEC Identification Number

C	C00730895
---	-----------

**Transaction ID : B830411**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City Alexandria State VA Zip Code 22308

Purpose of Disbursement Contribution

011
Category/ Type

Candidate Name

**Cammack, Kat, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify)

State: FL District: 03

Full Name (Last, First, Middle Initial)

**C. Mark Kelly for Senate**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2022

Mailing Address PO Box 33400

FEC Identification Number

C	C00696526
---	-----------

**Transaction ID : B830416**

Amount of Each Disbursement this Period

1000.00
---------

Memo Item

City Phoenix State AZ Zip Code 85013

Purpose of Disbursement Contribution

011
Category/ Type

Candidate Name

**Kelly, Mark, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify)

State: AZ District:

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

3000.00
---------

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

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**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. McConnell Senate Committee**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**McConnell, Mitch, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2022

FEC Identification Number

C C00193342

**Transaction ID : B830632**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. New Democrat Coalition Action Fund**

Mailing Address 233 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2022

FEC Identification Number

C C00409730

**Transaction ID : B830629**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Blake Moore For Congress**

Mailing Address 3213 Duke Street Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name

**Moore, Blake, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: UT District: 01

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2022

FEC Identification Number

C C00738872

**Transaction ID : B832141**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

8500.00

34500.00