

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

ADDRESS (number and street) 325 7TH ST NW WASHINGTON DC 20004 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00388819 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

5. Covering Period 01 01 2019 through 03 31 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Heafitz, Jonathan, , , Type or Print Name of Treasurer

Signature of Treasurer Heafitz, Jonathan, , , [Electronically Filed] Date 04 11 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2019"/> | | <input type="text" value="16399.04"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="16399.04"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="15000.00"/> | <input type="text" value="15000.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="31399.04"/> | <input type="text" value="31399.04"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="11090.00"/> | <input type="text" value="11090.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="20309.04"/> | <input type="text" value="20309.04"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

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

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 0.00 | 0.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 15000.00 | 15000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 15000.00 | 15000.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 15000.00 | 15000.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 15000.00 | 15000.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 11090.00 | 11090.00 |
| 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)) .. | 11090.00 | 11090.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 11090.00 | 11090.00 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 15000.00 | 15000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 15000.00 | 15000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | | |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 6 OF 10 |
| <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 |

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 A. HUMANA INC. POLITICAL ACTION COMMITTEE | | Date of Receipt |
| Mailing Address 975 F STREET, NW SUITE 550 | | <input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2019"/> |
| City WASHINGTON | State DC | Zip Code 20004 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00271007"/> | | Transaction ID : SA11C.5951 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="5000.00"/> |
| Occupation (for Individual) | | <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="5000.00"/> | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAGELLAN HEALTH, INC. EMPLOYEE COMMITTEE FOR GOOD GOVERNMENT | | Date of Receipt |
| Mailing Address 8621 ROBERT FULTON DRIVE | | <input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2019"/> |
| City COLUMBIA | State MD | Zip Code 21046 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00247262"/> | | Transaction ID : SA11C.5953 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="5000.00"/> |
| Occupation (for Individual) | | <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="5000.00"/> | |

| | | |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. UNITED HEALTH PAC | | Date of Receipt |
| Mailing Address 6214 WEDGEWOOD ROAD | | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2019"/> |
| City BETHESDA | State MD | Zip Code 20817 |
| FEC ID number of contributing federal political committee. <input type="text" value="C"/> <input type="text" value="C00321844"/> | | Transaction ID : SA11C.5949 |
| Name of Employer (for Individual) | | Amount of Each Receipt this Period <input type="text" value="5000.00"/> |
| Occupation (for Individual) | | <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="5000.00"/> | |

| | |
|---|---------------------------------------|
| SUBTOTAL of Receipts This Page (optional)..... | <input type="text" value="15000.00"/> |
| TOTAL This Period (last page this line number only)..... | <input type="text" value="15000.00"/> |

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. BILLY LONG FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 03 / 19 / 2019 |
| Mailing Address PO BOX 4527 | | FEC Identification Number C00460063 Transaction ID : SB23.5931 Amount of Each Disbursement this Period 1590.00 |
| City SPRINGFIELD | State MO | Zip Code 65808 |
| Purpose of Disbursement | Category/Type | <input type="checkbox"/> Memo Item |
| Candidate Name LONG, BILLY MR., , , | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: MO | District: 07 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. CONSERVATIVE ROUNDTABLE | | Date of Disbursement MM / DD / YYYY 03 / 19 / 2019 |
| Mailing Address PO BOX 97275 | | FEC Identification Number C H2NC13110 Transaction ID : SB23.5934 Amount of Each Disbursement this Period 1000.00 |
| City RALEIGH | State NC | Zip Code 27624 |
| Purpose of Disbursement 2019 | Category/Type | <input type="checkbox"/> Memo Item |
| Candidate Name HOLDING, GEORGE E MR., , , | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: NC | District: 02 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. DSCC | | Date of Disbursement MM / DD / YYYY 03 / 19 / 2019 |
| Mailing Address 120 MARYLAND AVE NE | | FEC Identification Number C00042366 Transaction ID : SB23.5937 Amount of Each Disbursement this Period 2500.00 |
| City WASHINGTON | State DC | Zip Code 20002 |
| Purpose of Disbursement | Category/Type | <input type="checkbox"/> Memo Item |
| Candidate Name MASTO, CATHERINE CORTEZ, , , | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: NV | District: 00 | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5090.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

A. DURBIN VICTORY FUND

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1949

City SPRINGFIELD State IL Zip Code 62705

Purpose of Disbursement

Candidate Name
DURBIN, RICHARD J, , ,

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

State: IL District: 00

Date of Disbursement: 03 / 27 / 2019

FEC Identification Number: **C00636100**
Transaction ID : **SB23.5943**
Amount of Each Disbursement this Period: 500.00

Memo Item

B. KUSTER FOR CONGRESS, INC

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1498

City CONCORD State NH Zip Code 03302

Purpose of Disbursement

Candidate Name
KUSTER, ANN MCLANE, , ,

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

State: NH District: 02

Date of Disbursement: 02 / 27 / 2019

FEC Identification Number: **C00462861**
Transaction ID : **SB23.5918**
Amount of Each Disbursement this Period: 500.00

Memo Item

C. OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 3743

City CARMEL State IN Zip Code 46082

Purpose of Disbursement

Candidate Name
YOUNG, TODD CHRISTOPHER, , ,

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

State: IN District: 00

Date of Disbursement: 02 / 26 / 2019

FEC Identification Number: **C S6IN00191**
Transaction ID : **SB23.5915**
Amount of Each Disbursement this Period: 1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. TEAM GRAHAM INC | | Date of Disbursement MM / DD / YYYY 03 / 19 / 2019 |
| Mailing Address PO BOX 1801 | | FEC Identification Number C C00458828 Transaction ID : SB23.5928 Amount of Each Disbursement this Period 1500.00 |
| City COLUMBIA | State SC | |
| Zip Code 29202 | | Memo Item <input type="checkbox"/> |
| Purpose of Disbursement | | |
| Candidate Name GRAHAM, LINDSEY O, , , | | |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: SC | District: 00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. TINA SMITH FOR MINNESOTA | | Date of Disbursement MM / DD / YYYY 03 / 19 / 2019 |
| Mailing Address P.O. BOX 14362 | | FEC Identification Number C C00663781 Transaction ID : SB23.5921 Amount of Each Disbursement this Period 1000.00 |
| City SAINT PAUL | State MN | |
| Zip Code 55114 | | Memo Item <input type="checkbox"/> |
| Purpose of Disbursement | | |
| Candidate Name SMITH, TINA, , , | | |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: MN | District: 00 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. TOM REED FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 03 / 29 / 2019 |
| Mailing Address PO BOX 10847 | | FEC Identification Number C C00464032 Transaction ID : SB23.5946 Amount of Each Disbursement this Period 500.00 |
| City ROCHESTER | State NY | |
| Zip Code 14610 | | Memo Item <input type="checkbox"/> |
| Purpose of Disbursement | | |
| Candidate Name REED, THOMAS W, , , | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NY | District: 23 | |

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

A. VERN BUCHANAN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement Category/Type

Candidate Name
BUCHANAN, VERNON, , ,

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

State: FL District: 16

Date of Disbursement: MM / DD / YYYY
03 / 19 / 2019

FEC Identification Number: **C** C00412759
Transaction ID : **SB23.5940**
Amount of Each Disbursement this Period: 500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: **C**

Amount of Each Disbursement this Period

Memo Item

| | |
|--|----------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 11090.00 |