

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

ADDRESS (number and street) 325 7th ST, NW

(Check if address is changed) 9th FLOOR

WASHINGTON DC 20004

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) jheafitz@pcmanet.org

Optional Second E-Mail Address bpalmer@pcmanet.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 10 / 15 / 2008

3. FEC IDENTIFICATION NUMBER C C00388819

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

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

Type or Print Name of Treasurer Heafitz, Jonathan, , ,

Signature of Treasurer Heafitz, Jonathan, , , *[Electronically Filed]* Date 04 / 11 / 2017

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

5. TYPE OF COMMITTEE

**Candidate Committee:**

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

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

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

Name of Candidate \_\_\_\_\_

**Party Committee:**

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

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Pharmaceutical Care Management Association

Mailing Address 325 7th ST, NW Washington DC 20004 CITY STATE ZIP CODE

Relationship: [x] Connected Organization [ ] Affiliated Committee [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

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

Full Name Heafitz, Jonathan, , , Mailing Address 2704 Emmet Road Silver Spring MD 20902 CITY STATE ZIP CODE Title or Position Treasurer Telephone number 202 207 3610

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

Full Name of Treasurer Heafitz, Jonathan, , , Mailing Address 2704 Emmet Road Silver Spring MD 20902 CITY STATE ZIP CODE Title or Position Treasurer Telephone number 202 207 3610

Full Name of Designated Agent

Palmer, Brenda, , ,

Mailing Address

1211 Tulane Drive

Alexandria

VA

22307

CITY

STATE

ZIP CODE

Title or Position

Telephone number

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

Name of Bank, Depository, etc.

Bank of Virginia

Mailing Address

10440 Main Street

Fairfax

VA

22030

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

# FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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

Name of Bank, Depository, etc.

[ ADDITIONAL ]

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

**Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ ADDITIONAL ]

**Designated Agent**

Full Name

Heafitz, Jonathan, , , \_\_\_\_\_

Mailing Address

2704 Emmet Road \_\_\_\_\_

Silver Spring \_\_\_\_\_ MD 20902 - \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number 202 - 207 - 3610

**Joint Fundraiser Participant**

[ ADDITIONAL ]

\_\_\_\_\_

FEC ID number

C \_\_\_\_\_