

**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"/> 24	<input type="checkbox"/> 25	<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. BERGER FOR CONGRESS

Mailing Address PO BOX 3117

City EDEN State NC Zip Code 27289

Purpose of Disbursement

Candidate Name
PHILIP EDWARD JR BERGER

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) Runoff
State: NC District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

Transaction ID : **SB23.4901**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. CRENSHAW FOR CONGRESS CAMPAIGN

Mailing Address 7235 BONNEVAL ROAD
SUITE 210

City JACKSONVILLE State FL Zip Code 32256

Purpose of Disbursement

Candidate Name
ANDER CRENSHAW

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) Runoff
State: FL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : **SB23.4926**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAVID SCHWEIKERT

Mailing Address 228 S WASHINGTON STREET
STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name
DAVID SCHWEIKERT

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) Runoff
State: AZ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		14		2014

Transaction ID : **SB23.4904**

Amount of Each Disbursement this Period

500.00

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

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

1000.00

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