

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

International Academy of Compounding Pharmacists PAC (COMP PAC)

ADDRESS (number and street) 4638 Riverstone Blvd

Check if different than previously reported. (ACC)

Missouri City TX 77459

2. **FEC IDENTIFICATION NUMBER ▼** C C00424143 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

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 M / D 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 M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y 01 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2013

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

Type or Print Name of Treasurer David G Miller

Signature of Treasurer David G Miller *[Electronically Filed]* Date M M M / D D D / Y Y Y Y Y Y 07 / 31 / 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP 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="2013"/>	<input type="text" value="25001.96"/>	<input type="text" value="25001.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="25001.96"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="144905.00"/>	<input type="text" value="144905.00"/>
(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="169906.96"/>	<input type="text" value="169906.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="110531.55"/>	<input type="text" value="110531.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="59375.41"/>	<input type="text" value="59375.41"/>
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

International Academy of Compounding Pharmacists PAC (COMP 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).....	134980.00	134980.00
(ii) Unitemized	9925.00	9925.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	144905.00	144905.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	144905.00	144905.00
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))..... ▶	144905.00	144905.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	144905.00	144905.00

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	41031.55	41031.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	41031.55	41031.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	69500.00	69500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	110531.55	110531.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	110531.55	110531.55

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)	144905.00	144905.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	144905.00	144905.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	41031.55	41031.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	41031.55	41031.55

**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 80
	<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	

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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Ray Adams
Full Name (Last, First, Middle Initial)
Mailing Address 922 Ohio Avenue
City Lynn Haven State FL Zip Code 32444
FEC ID number of contributing federal political committee. **C**
Name of Employer Adams Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
05 / 02 / 2013
Transaction ID : A2013-2901436
Amount of Each Receipt this Period
250.00

B. Tod Adams
Full Name (Last, First, Middle Initial)
Mailing Address 1401 Harrodsburg Rd
City Lexington State KY Zip Code 40504
FEC ID number of contributing federal political committee. **C**
Name of Employer Office Park Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
04 / 09 / 2013
Transaction ID : A2013-679135
Amount of Each Receipt this Period
300.00

C. Randall Allen
Full Name (Last, First, Middle Initial)
Mailing Address 2010 N. Carothers Rd. #4
City Franklin State TN Zip Code 37067
FEC ID number of contributing federal political committee. **C**
Name of Employer Allen Hill Pharmacy & Medical Supply Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 24 / 2013
Transaction ID : A2013-233825
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 800.00
TOTAL 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 7 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Eyad Alsabbagh
 Full Name (Last, First, Middle Initial)
 Mailing Address 7731 Cox Lane
 City West Chester State OH Zip Code 45069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Biomed Pharmacy Occupation PhD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : A2013-549102
 Amount of Each Receipt this Period
 2000.00

B. Phil Altman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6 South Greely Ave.
 City Chappaqua State NY Zip Code 10514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Healthy Choice Apothecary Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2013
Transaction ID : A2013-3233868
 Amount of Each Receipt this Period
 1000.00

C. Stephen Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1266 32nd Ave. N.
 City St. Cloud State MN Zip Code 56303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Apothecary Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 30 / 2013
Transaction ID : A2013-3233886
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	4000.00
TOTAL 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: PAGE 8 OF 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)
A. Tommy Armes
 Mailing Address 336 South Main Street
 City Crossville State TN Zip Code 38555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cumberland Vital Care Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294390
 Amount of Each Receipt this Period
 500.00

Full Name (Last, First, Middle Initial)
B. Mazen Baisa
 Mailing Address 23815 Northwestern Highway
 City Southfield State MI Zip Code 48075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Biomed Specialty Pharmacy Occupation PhD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : A2013-549103
 Amount of Each Receipt this Period
 2000.00

Full Name (Last, First, Middle Initial)
C. Doug Baker
 Mailing Address 1022 E. Cherry
 City Cushing State OK Zip Code 74023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Baker Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294391
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Ralph Balchin
Full Name (Last, First, Middle Initial)

Mailing Address 575 N. Glynn Street

City Fayetteville State GA Zip Code 30214

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

Name of Employer Jones Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294392

Amount of Each Receipt this Period
 500.00

B. Gus Bassani
Full Name (Last, First, Middle Initial)

Mailing Address 9901 S. Wilcrest

City Houston State TX Zip Code 77099

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

Name of Employer PCCA Occupation Consultant Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2013
Transaction ID : A2013-549104

Amount of Each Receipt this Period
 500.00

C. Tom Beard
Full Name (Last, First, Middle Initial)

Mailing Address 4632 Highway 58 North

City Chattanooga State TN Zip Code 37416

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

Name of Employer Solutions Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2013
Transaction ID : A2013-3233854

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Michael Blaire
 Full Name (Last, First, Middle Initial)
 Mailing Address 7316 East Thomas Road
 City State Zip Code
 Scottsdale AZ 85251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diamondback Drugs Pharmacist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : A2013-2901394
 Amount of Each Receipt this Period
 1000.00

B. John Boff
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Merrimon Avenue
 City State Zip Code
 Asheville NC 28804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Medicine Shoppe Pharmacist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294395
 Amount of Each Receipt this Period
 250.00

C. Kevin Borg
 Full Name (Last, First, Middle Initial)
 Mailing Address 21755 North 77th Ave #1225
 City State Zip Code
 Peoria AZ 85382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Intl Academy of Compounding Pharmacist PharmD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294396
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL 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 80
<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial) A. Mark Bradford		Date of Receipt
Mailing Address 7420 Guthrie Drive North Suite 109		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Southaven	MS	38671
FEC ID number of contributing federal political committee.		Transaction ID : A2013-549106
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Advanced Pharmacy Solutions		<input type="text" value="500.00"/>
Occupation Pharmacist		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard Brisson		Date of Receipt
Mailing Address 458 Dartmouth Street		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
New Bedford	MA	02740
FEC ID number of contributing federal political committee.		Transaction ID : A2013-2901440
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Pharmahealth Pharmacy		<input type="text" value="2000.00"/>
Occupation Pharmacist		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Darby Brown		Date of Receipt
Mailing Address 10470 S. Progress Way #103		<input type="text" value="04"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Parker	CO	80134
FEC ID number of contributing federal political committee.		Transaction ID : A2013-686059
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Brown's Compounding Center		<input type="text" value="2000.00"/>
Occupation Pharmacist		
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4500.00"/>
TOTAL 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 12 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Clovis Burch
Full Name (Last, First, Middle Initial)
Mailing Address 1847 Line Avenue
City Shreveport State LA Zip Code 71101
FEC ID number of contributing federal political committee. **C**
Name of Employer Medic's Compounding Lab Occupation Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 09 / 2013**
Transaction ID : A2013-686064
Amount of Each Receipt this Period **1000.00**

B. Jennifer Burch
Full Name (Last, First, Middle Initial)
Mailing Address 2609 North Duke Street #102
City Durham State NC Zip Code 27704
FEC ID number of contributing federal political committee. **C**
Name of Employer Central Compounding Center Occupation Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **06 / 26 / 2013**
Transaction ID : A2013-3294398
Amount of Each Receipt this Period **1000.00**

C. Chris Burgess
Full Name (Last, First, Middle Initial)
Mailing Address 322 N. Ingleside Street
City Fairhope State AL Zip Code 36532
FEC ID number of contributing federal political committee. **C**
Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 18 / 2013**
Transaction ID : A2013-549107
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **2100.00**
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Chris Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 N. Ingleside Street
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2013
Transaction ID : A2013-2901399
 Amount of Each Receipt this Period
 100.00

B. Chris Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 N. Ingleside Street
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2013
Transaction ID : A2013-3233858
 Amount of Each Receipt this Period
 100.00

C. Chris Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 N. Ingleside Street
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
 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
 06 / 18 / 2013
Transaction ID : A2013-3294383
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Kim Burkes
Full Name (Last, First, Middle Initial)

Mailing Address 2302 South Union Avenue

City Tacoma State WA Zip Code 98405

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

Name of Employer Union Ave. Compounding Pharmacy Occupation RPh, BCNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : A2013-3233876

Amount of Each Receipt this Period
 250.00

B. Steve Caddick
Full Name (Last, First, Middle Initial)

Mailing Address 11669 Countryway Blvd.

City Tampa State FL Zip Code 33626

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

Name of Employer Westchase Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2013
Transaction ID : A2013-2901442

Amount of Each Receipt this Period
 2000.00

C. Janet Carter
Full Name (Last, First, Middle Initial)

Mailing Address Box 897

City Frisco State CO Zip Code 80443

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

Name of Employer Prescription Alternatives Inc. Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : A2013-3239491

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Jim Castillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4600 N. Habana Ave.#16A
 City Tampa State FL Zip Code 33614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medical Center Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2013
Transaction ID : A2013-3233869
 Amount of Each Receipt this Period
500.00

B. Wilfred Chavez
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Dalies Avenue
 City Belen State NM Zip Code 87002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Share 'N Care Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2013
Transaction ID : A2013-3294400
 Amount of Each Receipt this Period
1000.00

C. Srinivas Chintamaneni
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Elm St
 City Yonkers State NY Zip Code 10701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Trust Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2013
Transaction ID : A2013-3239493
 Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
TOTAL 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 16 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Tracy Christian
Full Name (Last, First, Middle Initial)

Mailing Address 2000 PGA Blvd Suite 5507

City Kensington	State MD	Zip Code 20895
--------------------	-------------	-------------------

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

Name of Employer Premier Compounding Pharmacy	Occupation Pharmacist
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2013

Transaction ID : A2013-2903353

Amount of Each Receipt this Period
250.00

B. Tom Chronister
Full Name (Last, First, Middle Initial)

Mailing Address 440 Kerr Island North

City Rome City	State IN	Zip Code 46784
-------------------	-------------	-------------------

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

Name of Employer Chronister Pharmacy	Occupation RPh
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : A2013-3294401

Amount of Each Receipt this Period
1000.00

C. Dale Coker
Full Name (Last, First, Middle Initial)

Mailing Address 2260 Holly Springs Parkway

City Canton	State GA	Zip Code 30115
----------------	-------------	-------------------

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

Name of Employer Cherokee Custom Script Pharmacy	Occupation Pharmacist
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : A2013-3294402

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)
A. Mike Collins

Mailing Address 2544 McLeod

City State Zip Code
Saginaw MI 48604

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

Name of Employer Occupation
Healthway Compounding Pharmacy RPh FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
04 / 17 / 2013
Transaction ID : A2013-2901393

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
B. John Colvard Jr.

Mailing Address 1005 Talbotton Road

City State Zip Code
Columbus GA 31904

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

Name of Employer Occupation
Center Pharmacy RPh

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 26 / 2013
Transaction ID : A2013-3294403

Amount of Each Receipt this Period
300.00

Full Name (Last, First, Middle Initial)
C. Bill Corriston

Mailing Address 23422 Paciific Highway South

City State Zip Code
Kent WA 98032

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

Name of Employer Occupation
Key Pharmacy Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2013
Transaction ID : A2013-2901425

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL 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:	PAGE 18 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Kenneth Cosner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1080-D West F Street
 City State Zip Code
 Oakdale CA 95361
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 River Oak Pharmacy Pharmacist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : A2013-549108
 Amount of Each Receipt this Period
 250.00

B. Sam Costello
 Full Name (Last, First, Middle Initial)
 Mailing Address 2422-J Danville Road SW
 City State Zip Code
 Decatur AL 35603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pill Box Pharmacy Pharmacist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : A2013-2901386
 Amount of Each Receipt this Period
 1000.00

C. Michelle Crouse
 Full Name (Last, First, Middle Initial)
 Mailing Address 401 Main Street
 City State Zip Code
 Lake Village AR 71653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Hunter's Pharmacy Pharmacist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : A2013-549109
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Sonny Currin
Full Name (Last, First, Middle Initial)

Mailing Address 7855 Redpine Rd

City Richmond	State VA	Zip Code 23237-2221
------------------	-------------	------------------------

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

Name of Employer Rx South	Occupation Pharmacist
------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : A2013-3294405

Amount of Each Receipt this Period
1000.00

B. Kurt D'Alessandro
Full Name (Last, First, Middle Initial)

Mailing Address 201 Kinderkamack Road

City Emerson	State NJ	Zip Code 07630
-----------------	-------------	-------------------

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

Name of Employer Emerson Pharmacy	Occupation Pharmacist
--------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : A2013-3294406

Amount of Each Receipt this Period
250.00

C. Kort Delost
Full Name (Last, First, Middle Initial)

Mailing Address 47 East 500 South

City Bountiful	State UT	Zip Code 84010
-------------------	-------------	-------------------

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

Name of Employer The Medicine Shoppe	Occupation RPh President
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	07	/	2013

Transaction ID : A2013-2901445

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. George Doherty
Full Name (Last, First, Middle Initial)

Mailing Address 1057 Troy-Schenectady Road

City Latham State NY Zip Code 12210

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

Name of Employer Fallon Wellness Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2013
Transaction ID : A2013-3233870

Amount of Each Receipt this Period
1000.00

B. Kevin Evetts
Full Name (Last, First, Middle Initial)

Mailing Address 920 Estate Drive

City Memphis State TN Zip Code 38119

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

Name of Employer Medicine Shoppe Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2013
Transaction ID : A2013-2901418

Amount of Each Receipt this Period
250.00

C. Betsy Faulkner
Full Name (Last, First, Middle Initial)

Mailing Address 17000 140th Avenue, NE, Suite E101

City Woodinville State WA Zip Code 98072

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

Name of Employer Woodinville Pharmacy Occupation RPh

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2013
Transaction ID : A2013-2901426

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Barry Feely
 Full Name (Last, First, Middle Initial)
 Mailing Address 8093 Cornerstone Drive
 City Hayden State ID Zip Code 83835
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medicine Man Prairie Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : A2013-2901387
 Amount of Each Receipt this Period
500.00

B. Calvin Freedman
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Albe Drive Unit 1
 City Newark State DE Zip Code 19702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Save Way Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : A2013-549112
 Amount of Each Receipt this Period
1000.00

C. Lee Frisbie
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 467
 City Monument State CO Zip Code 80132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Monument Pharmacy Inc. Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : A2013-549113
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Cheri Garvin
Full Name (Last, First, Middle Initial)

Mailing Address 109 Old English Court SW

City Leesburg State VA Zip Code 20175

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

Name of Employer Leesburg Pharmacy Occupation Rph

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2013
Transaction ID : A2013-3294384

Amount of Each Receipt this Period
100.00

B. Rene Garza
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Whitesburg Drive

City Huntsville State AL Zip Code 35801

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

Name of Employer Stonegate Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 25 / 2013
Transaction ID : A2013-549115

Amount of Each Receipt this Period
1000.00

C. John Gattoline Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 1615 Sun City Center Plaza

City Sun City Center State FL Zip Code 33573

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

Name of Employer Sun City Drugs Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2013
Transaction ID : A2013-3233877

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Jan Gerber
Full Name (Last, First, Middle Initial)

Mailing Address 2350 North Greenwich Rd
Suite 1000

City State Zip Code
Wichita KS 67226

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

Name of Employer Occupation
Custom RX Pharmacy & Wellness Concepts Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2013
Transaction ID : A2013-3233872

Amount of Each Receipt this Period
1000.00

B. Jim Gillespie
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Whitesburg Drive

City State Zip Code
Huntsville AL 35801

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

Name of Employer Occupation
Huntsville Compounding Pharmacy Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2013
Transaction ID : A2013-549116

Amount of Each Receipt this Period
100.00

C. Jim Gillespie
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Whitesburg Drive

City State Zip Code
Huntsville AL 35801

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

Name of Employer Occupation
Huntsville Compounding Pharmacy Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 18 / 2013
Transaction ID : A2013-2901402

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Jim Gillespie
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Whitesburg Drive

City Huntsville State AL Zip Code 35801

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

Name of Employer Huntsville Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
05 / 18 / 2013

Transaction ID : A2013-3233862

Amount of Each Receipt this Period
100.00

B. Jim Gillespie
Full Name (Last, First, Middle Initial)

Mailing Address 2121 Whitesburg Drive

City Huntsville State AL Zip Code 35801

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

Name of Employer Huntsville Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
06 / 18 / 2013

Transaction ID : A2013-3294385

Amount of Each Receipt this Period
100.00

C. Eddie Glover
Full Name (Last, First, Middle Initial)

Mailing Address 2515 College Avenue

City Conway State AR Zip Code 72034

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

Name of Employer US Compounding Inc. Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
01 / 24 / 2013

Transaction ID : A2013-233829

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial) A. Eddie Glover		Date of Receipt MM / DD / YYYY 02 / 18 / 2013 Transaction ID : A2013-502104
Mailing Address 2515 College Avenue		Amount of Each Receipt this Period 100.00
City Conway	State AR	Zip Code 72034
FEC ID number of contributing federal political committee. C	Name of Employer US Compounding Inc.	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Eddie Glover		Date of Receipt MM / DD / YYYY 03 / 18 / 2013 Transaction ID : A2013-549117
Mailing Address 2515 College Avenue		Amount of Each Receipt this Period 100.00
City Conway	State AR	Zip Code 72034
FEC ID number of contributing federal political committee. C	Name of Employer US Compounding Inc.	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Eddie Glover		Date of Receipt MM / DD / YYYY 04 / 18 / 2013 Transaction ID : A2013-292869
Mailing Address 2515 College Avenue		Amount of Each Receipt this Period 100.00
City Conway	State AR	Zip Code 72034
FEC ID number of contributing federal political committee. C	Name of Employer US Compounding Inc.	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial) A. Eddie Glover		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 19 / 2013 Transaction ID : A2013-2903352
Mailing Address 2515 College Avenue		Amount of Each Receipt this Period 1000.00
City Conway	State AR	Zip Code 72034
FEC ID number of contributing federal political committee. C	Name of Employer US Compounding Inc.	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

Full Name (Last, First, Middle Initial) B. Eddie Glover		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 18 / 2013 Transaction ID : A2013-3233863
Mailing Address 2515 College Avenue		Amount of Each Receipt this Period 100.00
City Conway	State AR	Zip Code 72034
FEC ID number of contributing federal political committee. C	Name of Employer US Compounding Inc.	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Eddie Glover		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2013 Transaction ID : A2013-3294386
Mailing Address 2515 College Avenue		Amount of Each Receipt this Period 100.00
City Conway	State AR	Zip Code 72034
FEC ID number of contributing federal political committee. C	Name of Employer US Compounding Inc.	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Brad Grant
Full Name (Last, First, Middle Initial)

Mailing Address 1112 W. 6th Street Suite 102

City Lawrence	State KS	Zip Code 66044
------------------	-------------	-------------------

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

Name of Employer King Pharmacy	Occupation Pharmacist
-----------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2013

Transaction ID : A2013-3239487

Amount of Each Receipt this Period
500.00

B. Joe Grasela
Full Name (Last, First, Middle Initial)

Mailing Address 1875 3rd Avenue

City San Diego	State CA	Zip Code 92101
-------------------	-------------	-------------------

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

Name of Employer University Compounding Pharmacy	Occupation Pharmacist
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2013

Transaction ID : A2013-686094

Amount of Each Receipt this Period
2000.00

C. Rodney Harbin
Full Name (Last, First, Middle Initial)

Mailing Address 3401 Independence Dr Ste 231

City Birmingham	State AL	Zip Code 35209
--------------------	-------------	-------------------

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

Name of Employer Wellness Health & Pharmacy	Occupation Pharmacist
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	16	/	2013

Transaction ID : A2013-3239582

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Art Hayman
Full Name (Last, First, Middle Initial)

Mailing Address 717 Encino Place NE

City Albuquerque State NM Zip Code 87102

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

Name of Employer Highland Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : A2013-549118

Amount of Each Receipt this Period
 1000.00

B. Lucy Hazebrook
Full Name (Last, First, Middle Initial)

Mailing Address 360 Cypress Bend Dr

City Gulf Shorse State AL Zip Code 36542

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

Name of Employer Medi-Stat Rx Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294410

Amount of Each Receipt this Period
 1000.00

C. Henry Herring
Full Name (Last, First, Middle Initial)

Mailing Address 912 S.16th Street

City Wilmington State NC Zip Code 28401

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

Name of Employer Medical Center Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294411

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL 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 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Douglas Higgins
 Full Name (Last, First, Middle Initial)
 Mailing Address 137 North Market Street
 City Paxton State IL Zip Code 60957
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Doug's Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294412
 Amount of Each Receipt this Period
 1000.00

B. Mr. Dave Hill
 Full Name (Last, First, Middle Initial)
 Mailing Address 12860 W. Cedar Drive Suite 210
 City Lakewood State CO Zip Code 80228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Belmar Pharmacy Occupation Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 23 / 2013
Transaction ID : A2013-3233879
 Amount of Each Receipt this Period
 5000.00

C. Shawn Hodges
 Full Name (Last, First, Middle Initial)
 Mailing Address 6095 Pine Mountain Road, NW, Suite
 City Kennesaw State GA Zip Code 30152
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Innovation Compounding Occupation PharmD
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294414
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	7000.00
TOTAL 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:	PAGE 30 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. John Hollis
Full Name (Last, First, Middle Initial)

Mailing Address 1923 Hayes St

City Nashville State TN Zip Code 37203

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

Name of Employer John Hollis Inc. Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294415

Amount of Each Receipt this Period
 1000.00

B. Dan Horn
Full Name (Last, First, Middle Initial)

Mailing Address 111 E. Green St.

City Olean State NY Zip Code 14760

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

Name of Employer Dan Horn Pharmacy & Health Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3295448

Amount of Each Receipt this Period
 1000.00

C. Bob Hoye
Full Name (Last, First, Middle Initial)

Mailing Address 4330 South Manhattan Ave.

City Tampa State FL Zip Code 33611

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

Name of Employer Pharmaceutical Specialties Occupation RPh FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2013
Transaction ID : A2013-2901406

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL 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 31 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Chris Iames
Full Name (Last, First, Middle Initial)

Mailing Address 433 S. Mineral Street

City State Zip Code
Keyser WV 26726

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

Name of Employer Occupation
Medi-Save Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 17 / 2013
Transaction ID : A2013-2901392

Amount of Each Receipt this Period
250.00

B. Beverly Israel
Full Name (Last, First, Middle Initial)

Mailing Address 3216 Silsby Road

City State Zip Code
Cleveland Heights OH 44118

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

Name of Employer Occupation
Lee-Silsby Compounding Pharmacy Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 18 / 2013
Transaction ID : A2013-2901400

Amount of Each Receipt this Period
500.00

C. Jacob G Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 5867 South Garnett Road

City State Zip Code
Tulsa OK 74146

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

Name of Employer Occupation
Freedom Pharmaceuticals, Inc. President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 24 / 2013
Transaction ID : A2013-2901419

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL 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 32 OF 80
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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Jeff Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5510 Lafayette Rd #260
 City Indianapolis State IN Zip Code 46254
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Custom Med Apothecary Occupation RPh FIACP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2013
Transaction ID : A2013-686095
 Amount of Each Receipt this Period
 500.00

B. Kent Jenema
 Full Name (Last, First, Middle Initial)
 Mailing Address 1414 W. Fair Avenue, Suite 133
 City Marquette State MI Zip Code 49855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : A2013-2901422
 Amount of Each Receipt this Period
 250.00

C. David Joeseeph
 Full Name (Last, First, Middle Initial)
 Mailing Address 4712 Grainary Ave
 City Tamps State FL Zip Code 33624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anazao Health Corp. Occupation Pharmacy Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : A2013-233830
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL 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 33 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Bill Johns
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 771797

City Memphis	State TN	Zip Code 38117-1797
FEC ID number of contributing federal political committee. C		
Name of Employer Peoples Custom RX	Occupation RPh FIACP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Date of Receipt
MM / DD / YYYY
04 / 03 / 2013
Transaction ID : A2013-686186

Amount of Each Receipt this Period
2000.00

B. Richard Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 2546 East 2nd, Building 100-B

City Casper	State WY	Zip Code 82609
FEC ID number of contributing federal political committee. C		
Name of Employer Pharmacy Compounding Specialist of WY	Occupation RPh	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Date of Receipt
MM / DD / YYYY
05 / 07 / 2013
Transaction ID : A2013-2901441

Amount of Each Receipt this Period
250.00

C. Layne Kilpatrick
Full Name (Last, First, Middle Initial)
Mailing Address 392 East 12300 South, Suite E-2

City Draper	State UT	Zip Code 84020
FEC ID number of contributing federal political committee. C		
Name of Employer Mt. Olympus Comounding	Occupation RPh	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Date of Receipt
MM / DD / YYYY
01 / 24 / 2013
Transaction ID : A2013-233831

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL 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 34 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Cheri Kraemer
Full Name (Last, First, Middle Initial)
Mailing Address 2333 W. 57th Street Suite 107

City Sioux Falls	State SD	Zip Code 57108
---------------------	-------------	-------------------

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

Name of Employer Pharmacy Specialties Inc.	Occupation RPh Owner
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2013

Transaction ID : A2013-2901428

Amount of Each Receipt this Period
1000.00

B. Mike Kubat
Full Name (Last, First, Middle Initial)
Mailing Address 4924 Center Street

City Omaha	State NE	Zip Code 68106
---------------	-------------	-------------------

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

Name of Employer Kubat Custom Healthcare	Occupation Pharmacist
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2013

Transaction ID : A2013-2901435

Amount of Each Receipt this Period
500.00

C. Paul Lawson
Full Name (Last, First, Middle Initial)
Mailing Address 208 North High

City Antlers	State OK	Zip Code 74523
-----------------	-------------	-------------------

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

Name of Employer uhles Drug Store	Occupation Pharmacist
--------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2013

Transaction ID : A2013-686188

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL 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 35 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Warren Lee
Full Name (Last, First, Middle Initial)
Mailing Address 4300 Grand Avenue
City Ft. Smith State AR Zip Code 72904
FEC ID number of contributing federal political committee. **C**
Name of Employer Lee Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 27 / 2013**
Transaction ID : A2013-549120
Amount of Each Receipt this Period **5000.00**

B. Jonathan Lehan
Full Name (Last, First, Middle Initial)
Mailing Address 1850 Gateway Drive
City Sycamore State IL Zip Code 60178
FEC ID number of contributing federal political committee. **C**
Name of Employer Lehan Drugs Occupation PharmD
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 26 / 2013**
Transaction ID : A2013-3294416
Amount of Each Receipt this Period **250.00**

C. Charles Leiter
Full Name (Last, First, Middle Initial)
Mailing Address 1700 Park Avenue Suite 30
City San Jose State CA Zip Code 95126
FEC ID number of contributing federal political committee. **C**
Name of Employer Leiter's Rx Compounding Occupation Pharmacist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt **01 / 24 / 2013**
Transaction ID : A2013-233832
Amount of Each Receipt this Period **250.00**

SUBTOTAL of Receipts This Page (optional)..... **5500.00**
TOTAL 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: PAGE 36 OF 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. George Malmberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 Heron Drive Suite 200
 City Swedesboro State NJ Zip Code 08085-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wedgewood Village Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : A2013-504486
 Amount of Each Receipt this Period
 500.00

B. Lucy Malmberg
 Full Name (Last, First, Middle Initial)
 Mailing Address 405Heron Dr Suite 200
 City Swedesboro State NJ Zip Code 08085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wedgewood Village Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294720
 Amount of Each Receipt this Period
 1000.00

C. Richard Marlin
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 2208
 City Youngstown State OH Zip Code 44504-2208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Allen's PharmaServ Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2013
Transaction ID : A2013-3239492
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00
TOTAL 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 37 OF 80
<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Sonia Martinez
 Full Name (Last, First, Middle Initial)
 Mailing Address 6627 South Dixie Highway
 City Miami State FL Zip Code 33143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Marco Drugs & Compounding Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 11 / 2013**
Transaction ID : A2013-2901380
 Amount of Each Receipt this Period **1000.00**

B. Joe McCloskey
 Full Name (Last, First, Middle Initial)
 Mailing Address 4600 Investment Drive Suite 100
 City Troy State MI Zip Code 48098
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 27 / 2013**
Transaction ID : A2013-549638
 Amount of Each Receipt this Period **500.00**

C. Gary McCrory
 Full Name (Last, First, Middle Initial)
 Mailing Address 6151 Dew Drive #100
 City El Paso State TX Zip Code 79912-3901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McCrory's Pharmacy Inc. Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 25 / 2013**
Transaction ID : A2013-2901421
 Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL 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 38 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Mike McMahan
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 389

City State Zip Code
Goldthwaite TX 76844

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

Name of Employer Occupation
McMahan Pharmacy Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2013
Transaction ID : A2013-3239489

Amount of Each Receipt this Period
500.00

B. Emmett McVey
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 39

City State Zip Code
Mount Laurel NJ 08054

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

Name of Employer Occupation
Stokes Pharmacy Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2013
Transaction ID : A2013-233833

Amount of Each Receipt this Period
500.00

C. Eugene Medley
Full Name (Last, First, Middle Initial)

Mailing Address 665 Camino de los Mares #101

City State Zip Code
San Clemente CA 92673

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

Name of Employer Occupation
Sea View Pharmacy PhD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 05 / 2013
Transaction ID : A2013-504488

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL 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 39 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Eugene Medley
Full Name (Last, First, Middle Initial)

Mailing Address 665 Camino de los Mares #101

City San Clemente	State CA	Zip Code 92673
----------------------	-------------	-------------------

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

Name of Employer Sea View Pharmacy	Occupation PhD
---------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2013

Transaction ID : A2013-504487

Amount of Each Receipt this Period

20.00

B. David Miller
Full Name (Last, First, Middle Initial)

Mailing Address 4021 Cascade Road SE

City Grand Rapids	State MI	Zip Code 49546
----------------------	-------------	-------------------

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

Name of Employer Keystone Pharmacy	Occupation Pharmacist
---------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	03	/	2013

Transaction ID : A2013-686190

Amount of Each Receipt this Period

1000.00

C. Ron Miller
Full Name (Last, First, Middle Initial)

Mailing Address 11090 E. Artesia Blvd. Suite H

City Cerritos	State CA	Zip Code 90703
------------------	-------------	-------------------

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

Name of Employer Triad Compounding Pharmacy	Occupation Pharmacist
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	04	/	2013

Transaction ID : A2013-686189

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....▶	1270.00
TOTAL 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:	PAGE 40 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Bill Mixon
Full Name (Last, First, Middle Initial)
Mailing Address 750 Fourth Street SW
City Hickory State NC Zip Code 28602
FEC ID number of contributing federal political committee. **C**
Name of Employer The Compounding Pharmacy Occupation RPh MS FIACP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2013
Transaction ID : A2013-2901453
Amount of Each Receipt this Period
500.00

B. Richard Moon
Full Name (Last, First, Middle Initial)
Mailing Address 863 Fairmount Ave
City Jamestown State NY Zip Code 14701
FEC ID number of contributing federal political committee. **C**
Name of Employer Pharmacy Innovations Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2013
Transaction ID : A2013-686192
Amount of Each Receipt this Period
250.00

C. Mr. Joe Moore
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3240
City Cleveland State TN Zip Code 37320
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Center Compounding Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2013
Transaction ID : A2013-686193
Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
TOTAL 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 41 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial) A. David Morrison		Date of Receipt MM / DD / YYYY 05 / 16 / 2013 Transaction ID : A2013-3233856
Mailing Address 323 Triplett Street		Amount of Each Receipt this Period 500.00
City Jonesville	State NC	Zip Code 28642
FEC ID number of contributing federal political committee. C	Name of Employer Carolina Compounding Pharmacy	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. George Nekos		Date of Receipt MM / DD / YYYY 05 / 16 / 2013 Transaction ID : A2013-3239474
Mailing Address 86 N Front St		Amount of Each Receipt this Period 250.00
City Kingston	State NY	Zip Code 12401
FEC ID number of contributing federal political committee. C	Name of Employer Nekos-Dedrick's Pharmacy	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David Newbaker		Date of Receipt MM / DD / YYYY 03 / 05 / 2013 Transaction ID : A2013-504492
Mailing Address 126 E. Main Street		Amount of Each Receipt this Period 500.00
City Newbern	State TN	Zip Code 38059
FEC ID number of contributing federal political committee. C	Name of Employer Main Street Family Pharmacy	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL 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 42 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Gary Newton
Full Name (Last, First, Middle Initial)

Mailing Address 915 Hay Street

City Fayetteville State NC Zip Code 28305

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

Name of Employer Prescription Center Occupation Pharmaceutical Chemist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2013
Transaction ID : A2013-686194

Amount of Each Receipt this Period
 1000.00

B. David Nicoletti
Full Name (Last, First, Middle Initial)

Mailing Address 6586 East Grant Rd.

City Tucson State AZ Zip Code 85715

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

Name of Employer Prescription Lab Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294722

Amount of Each Receipt this Period
 1000.00

C. Kevin Oberlander
Full Name (Last, First, Middle Initial)

Mailing Address 705 E. Main Avenue

City Bismarck State ND Zip Code 58501

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

Name of Employer Dakota Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 09 / 2013
Transaction ID : A2013-686195

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL 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 43 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Glen Olsheim
Full Name (Last, First, Middle Initial)

Mailing Address 4000 Birch Street, #120

City Newport Beach State CA Zip Code 92660

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

Name of Employer California Pharmacy & Compounding Cent Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 29 / 2013
Transaction ID : A2013-2901427

Amount of Each Receipt this Period
 250.00

B. Adeyemi Omilana
Full Name (Last, First, Middle Initial)

Mailing Address 555 East Tachevah Drive Suite 1W10

City Palm Springs State CA Zip Code 92262

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

Name of Employer Las Palmas Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 16 / 2013
Transaction ID : A2013-3233857

Amount of Each Receipt this Period
 500.00

C. Denise Orwick
Full Name (Last, First, Middle Initial)

Mailing Address 2113 State Street Ste. 2

City New Albany State IN Zip Code 47150

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

Name of Employer Precision Compounding Pharmacy of Cory Occupation RPh Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 04 / 11 / 2013
Transaction ID : A2013-2901377

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL 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 44 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Jenny Partridge
 Full Name (Last, First, Middle Initial)
 Mailing Address 18030 Rose Court
 City State Zip Code
 Monte Sereno CA 95030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Peartree Apothecary PharmD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : A2013-504494
 Amount of Each Receipt this Period
 250.00

B. Piush Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 162 Summerhill Rd
 City State Zip Code
 East Brunswick NJ 08816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Drugs Store II PharmD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : A2013-549640
 Amount of Each Receipt this Period
 1000.00

C. Snehal Patel
 Full Name (Last, First, Middle Initial)
 Mailing Address 3117 US Highway 9
 City State Zip Code
 Old Bridge NJ 08857
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Wellness Center Pharmacy PharmD
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : A2013-549639
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL 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 45 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial) A. Brenda Pavlic		Date of Receipt
Mailing Address 31 Albe Drive Unit 1		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City Newark	State DE	Zip Code 58104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2013-3233859
Name of Employer Save Way Compounding Pharmacy		Amount of Each Receipt this Period
Occupation Pharmacist		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Brenda Pavlic		Date of Receipt
Mailing Address 31 Albe Drive Unit 1		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City Newark	State DE	Zip Code 58104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2013-3240140
Name of Employer Save Way Compounding Pharmacy		Amount of Each Receipt this Period
Occupation Pharmacist		<input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1250.00"/>	

Full Name (Last, First, Middle Initial) C. Brenda Pavlic		Date of Receipt
Mailing Address 31 Albe Drive Unit 1		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City Newark	State DE	Zip Code 58104
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2013-3294387
Name of Employer Save Way Compounding Pharmacy		Amount of Each Receipt this Period
Occupation Pharmacist		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1100.00"/>
TOTAL 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 46 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Gregg Pederson
 Full Name (Last, First, Middle Initial)
 Mailing Address 5290 East Yale Circle Ste. 101
 City State Zip Code
 Denver CO 80222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pharmacy Resources Inc. Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2013
Transaction ID : A2013-3233873
 Amount of Each Receipt this Period
 500.00

B. Laura Pfaffenberger
 Full Name (Last, First, Middle Initial)
 Mailing Address 2113 State Street Suite 3
 City State Zip Code
 New Albany IN 47150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Precision Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2013
Transaction ID : A2013-2901379
 Amount of Each Receipt this Period
 1000.00

C. Lindsey Pickle
 Full Name (Last, First, Middle Initial)
 Mailing Address 11940 Alpharetta Hwy. Suite 106
 City State Zip Code
 Alpharetta GA 30004
 FEC ID number of contributing federal political committee. **C**
 Name of Employer North Fulton Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 03 / 2013
Transaction ID : A2013-686208
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL 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: PAGE 47 OF 80
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)
A. Scott Popyk

Mailing Address 39303 Country Club Drive Ste. A-26

City Farmington Hills State MI Zip Code 48331-3482

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

Name of Employer Health Dimensions Occupation RPh FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 05 / 2013
Transaction ID : A2013-504496

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Scott Popyk

Mailing Address 39303 Country Club Drive Ste. A-26

City Farmington Hills State MI Zip Code 48331-3482

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

Name of Employer Health Dimensions Occupation RPh FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294724

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
C. Steve Pressman

Mailing Address 1700 N.W. 122 Terr

City Pembroke Pines State FL Zip Code 33026

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

Name of Employer Pill Box Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3294725

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

TOTAL 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:	PAGE 48 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial) A. Richard Rasmuson		Date of Receipt
Mailing Address 1320 E. 2nd South		<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Salt Lake City	UT	84102
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A2013-549821
University Pharmacy	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Richard Rasmuson		Date of Receipt
Mailing Address 1320 E. 2nd South		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Salt Lake City	UT	84102
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A2013-2901396
University Pharmacy	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Richard Rasmuson		Date of Receipt
Mailing Address 1320 E. 2nd South		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Salt Lake City	UT	84102
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A2013-3233860
University Pharmacy	Pharmacist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL 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 49 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Richard Rasmuson
Full Name (Last, First, Middle Initial)

Mailing Address 1320 E. 2nd South

City State Zip Code
Salt Lake City UT 84102

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

Name of Employer Occupation
University Pharmacy Pharmacist

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
06 / 18 / 2013
Transaction ID : A2013-3294388

Amount of Each Receipt this Period
100.00

B. Richie Ray
Full Name (Last, First, Middle Initial)

Mailing Address 16955 Walden Road

City State Zip Code
Montgomery TX 77356

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

Name of Employer Occupation
Richie's Pharmacy Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2013
Transaction ID : A2013-3233867

Amount of Each Receipt this Period
5000.00

C. Tim Redline
Full Name (Last, First, Middle Initial)

Mailing Address 401 West 33rd Street, Suite 100

City State Zip Code
Hastings NE 68901

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

Name of Employer Occupation
Redline Pharmacy Solutions Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 09 / 2013
Transaction ID : A2013-686198

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5350.00

TOTAL 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 50 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial) A. Rebecca Reed		Date of Receipt
Mailing Address 814 West Broadway		<input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Ardmore	OK	73401
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2013-2901411
Name of Employer Reed Family Pharmacy		Amount of Each Receipt this Period
Occupation Pharmacist		<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stan Reeves		Date of Receipt
Mailing Address P.O. Box 310		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>
City	State	Zip Code
Demopolis	AL	36732
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2013-2928870
Name of Employer F & F Drugs		Amount of Each Receipt this Period
Occupation Pharmacist		<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Stan Reeves		Date of Receipt
Mailing Address P.O. Box 310		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
Demopolis	AL	36732
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2013-2901439
Name of Employer F & F Drugs		Amount of Each Receipt this Period
Occupation Pharmacist		<input type="text" value="1000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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 51 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Earl Rhoads
Full Name (Last, First, Middle Initial)
Mailing Address 30 West Main Street
City Palmyra State PA Zip Code 17078-1627
FEC ID number of contributing federal political committee. **C**
Name of Employer The Medicine Shoppe Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 03 / 2013
Transaction ID : A2013-686199
Amount of Each Receipt this Period
300.00

B. Kim Richardson
Full Name (Last, First, Middle Initial)
Mailing Address 111 Pitt Street/P.O. Box 158
City Mt. Pleasant State SC Zip Code 29464
FEC ID number of contributing federal political committee. **C**
Name of Employer Pitt Street Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 11 / 2013
Transaction ID : A2013-2901382
Amount of Each Receipt this Period
500.00

C. Kristen Riddle
Full Name (Last, First, Middle Initial)
Mailing Address 2515 College Avenue
City Conway State AR Zip Code 72034
FEC ID number of contributing federal political committee. **C**
Name of Employer W Compounding Occupation PharmD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 26 / 2013
Transaction ID : A2013-3294726
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL 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 52 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Steve Rings
Full Name (Last, First, Middle Initial)
Mailing Address 221 W. Main Street
City Montpelier State OH Zip Code 43543
FEC ID number of contributing federal political committee. **C**
Name of Employer Rings Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 26 / 2013
Transaction ID : A2013-3294727
Amount of Each Receipt this Period
500.00

B. Jodie Roberds
Full Name (Last, First, Middle Initial)
Mailing Address 333 N. Rivershire
City Conroe State TX Zip Code 77304
FEC ID number of contributing federal political committee. **C**
Name of Employer Roberds Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 03 / 2013
Transaction ID : A2013-686200
Amount of Each Receipt this Period
500.00

C. David Rochefort
Full Name (Last, First, Middle Initial)
Mailing Address 262 Cottage Street Suite 116
City Littleton State NH Zip Code 03561
FEC ID number of contributing federal political committee. **C**
Name of Employer Eastern States Compounding Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 18 / 2013
Transaction ID : A2013-3233864
Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
TOTAL 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 53 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. David Rochefort
Full Name (Last, First, Middle Initial)

Mailing Address 262 Cottage Street Suite 116

City Littleton State NH Zip Code 03561

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

Name of Employer Eastern States Compounding Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
06 / 18 / 2013
Transaction ID : A2013-3294389

Amount of Each Receipt this Period
50.00

B. Suzanne Rosenberg
Full Name (Last, First, Middle Initial)

Mailing Address 11030 SW Capitol Highway

City Portland State OR Zip Code 97219

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

Name of Employer Community Compounding Pharmacy Occupation PharmD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
06 / 26 / 2013
Transaction ID : A2013-3294729

Amount of Each Receipt this Period
1000.00

C. Sherry Ross
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1160

City Edmond State OK Zip Code 73083-1160

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

Name of Employer Sherry's Discount Drug Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
05 / 01 / 2013
Transaction ID : A2013-2901433

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2050.00

TOTAL 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 54 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Gregory Russell
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 E. Dupont Road
 City Fort Wayne State IN Zip Code 46825
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fort Wayne Custom Rx Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 22 / 2013**
Transaction ID : A2013-3233874
 Amount of Each Receipt this Period **1000.00**

B. Jade Schuckman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2412 West 16th
 City Bedford State IN Zip Code 47421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Medicine Plus Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 03 / 2013**
Transaction ID : A2013-686201
 Amount of Each Receipt this Period **500.00**

C. Chris Schulte
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108-D Airport Blvd.
 City Pensacola State FL Zip Code 32504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pensacola Apothecary Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **06 / 26 / 2013**
Transaction ID : A2013-3294730
 Amount of Each Receipt this Period **5000.00**

SUBTOTAL of Receipts This Page (optional)..... **6500.00**
TOTAL 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 55 OF 80
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Jennifer Sechrist
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 370

City Mountain View State OK Zip Code 73062

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

Name of Employer Veterinary Enterprises of Tomorrow Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2013
Transaction ID : A2013-2901391

Amount of Each Receipt this Period
500.00

B. James S. Seymour
Full Name (Last, First, Middle Initial)

Mailing Address 23422 Pacific Highway S.

City Kent State WA Zip Code 98032

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

Name of Employer Key Pharmacy Occupation Owner / Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2013
Transaction ID : A2013-3294731

Amount of Each Receipt this Period
1000.00

C. Wade Siefert
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 619

City Pawnee State IL Zip Code 62558

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

Name of Employer Preckshot Professional Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2013
Transaction ID : A2013-504497

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL 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 56 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Tom Siegenthaler
Full Name (Last, First, Middle Initial)

Mailing Address 2220-A West Park Row

City Arlington State TX Zip Code 76013

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

Name of Employer The Medicine Shoppe Occupation PharmD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2013
Transaction ID : A2013-549824

Amount of Each Receipt this Period
 1000.00

B. Scot Silber
Full Name (Last, First, Middle Initial)

Mailing Address 1850 Whitnet Mesa Dr #180

City Henderson State NV Zip Code 89014

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

Name of Employer Green Valley Drug Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 24 / 2013
Transaction ID : A2013-233837

Amount of Each Receipt this Period
 250.00

C. Brant Skanson
Full Name (Last, First, Middle Initial)

Mailing Address 8040 South Virginia #3

City Reno State NV Zip Code 89511

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

Name of Employer Sierra Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 18 / 2013
Transaction ID : A2013-2901408

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL 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 57 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Ray Solano
Full Name (Last, First, Middle Initial)

Mailing Address 13860 N. Hwy 183

City Austin State TX Zip Code 78750

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

Name of Employer Specialty Compounding Occupation RPH, CCN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2013
Transaction ID : A2013-323866

Amount of Each Receipt this Period
 500.00

B. David Sparks
Full Name (Last, First, Middle Initial)

Mailing Address 9901 S. Wilcrest

City Houston State TX Zip Code 77099

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

Name of Employer PCCA Occupation RPh FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 03 / 2013
Transaction ID : A2013-686203

Amount of Each Receipt this Period
 5000.00

C. Carl Stanley Jr.
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 249

City Gordon State GA Zip Code 31031

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

Name of Employer Gordon Drug Co. Occupation RPh President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 17 / 2013
Transaction ID : A2013-2901395

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 6000.00

TOTAL 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:	PAGE 58 OF 80
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Evan Stapley
Full Name (Last, First, Middle Initial)

Mailing Address 102 E City Center

City St George State UT Zip Code 84770

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

Name of Employer Stapley Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 16 / 2013
Transaction ID : A2013-3239478

Amount of Each Receipt this Period
400.00

B. Mr. Tom Stehr
Full Name (Last, First, Middle Initial)

Mailing Address 2702 Route 130 North

City Cinnminson State NJ Zip Code 08077

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

Name of Employer Rosvold Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 26 / 2013
Transaction ID : A2013-3295083

Amount of Each Receipt this Period
250.00

C. Prakesh Suthar
Full Name (Last, First, Middle Initial)

Mailing Address 138 Arnett Blvd.

City Danville State VA Zip Code 24540

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

Name of Employer Kare Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 27 / 2013
Transaction ID : A2013-549825

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL 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 59 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Mark Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 501 Zion Road Suite 9

City Egg Harbor Township State NJ Zip Code 08234

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

Name of Employer Jersey Shore Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2013
Transaction ID : A2013-2901438

Amount of Each Receipt this Period
 5000.00

B. Marshall Tobin
Full Name (Last, First, Middle Initial)

Mailing Address 1325 South Colorado Blvd., Suite B

City Denver State CO Zip Code 80222

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

Name of Employer Pencil Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2013
Transaction ID : A2013-2901409

Amount of Each Receipt this Period
 360.00

C. Justin Triesch
Full Name (Last, First, Middle Initial)

Mailing Address 8220 Abrams Rd

City Dallas State TX Zip Code 75231

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

Name of Employer Abrams Royal Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 29 / 2013
Transaction ID : A2013-3239483

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	6360.00
TOTAL 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 60 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial) A. Navid Vahedi		Date of Receipt
Mailing Address 3679 Motor Avenue #305		<input type="text" value="05"/> / <input type="text" value="23"/> / <input type="text" value="2013"/>
City	State	Zip Code
Los Angeles	CA	90034
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-3239482
Name of Employer	Occupation	Amount of Each Receipt this Period
Fusion Rx Compounding Pharmacy	Pharmacist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Patrick Wade		Date of Receipt
Mailing Address 4000 Empire Drive		<input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bakersfield	CA	93309
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-2901404
Name of Employer	Occupation	Amount of Each Receipt this Period
Precision Pharmacy	Pharmacist	<input type="text" value="3000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3000.00"/>	

Full Name (Last, First, Middle Initial) C. Roy Dean (R.D.) Walker		Date of Receipt
Mailing Address 121 N. Commerce Ave.		<input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2013"/>
City	State	Zip Code
Russellville	AR	72801
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2013-549828
Name of Employer	Occupation	Amount of Each Receipt this Period
C&D Drug Store	Pharmacist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4000.00"/>
TOTAL 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 61 OF 80
	<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Scott Watts
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 32007

City Juneau	State AK	Zip Code 99803
----------------	-------------	-------------------

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

Name of Employer Ron's Apothecary	Occupation Pharmacist
--------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2013

Transaction ID : A2013-3233883

Amount of Each Receipt this Period
500.00

B. Brett Winslette
Full Name (Last, First, Middle Initial)
Mailing Address 2459 Shorter Avenue SW

City Rome	State GA	Zip Code 30165
--------------	-------------	-------------------

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

Name of Employer Winslette Pharmacy	Occupation Pharmacist
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : A2013-3295438

Amount of Each Receipt this Period
250.00

C. Gene Woo
Full Name (Last, First, Middle Initial)
Mailing Address 11851-A Wilcrest

City Houston	State TX	Zip Code 77031
-----------------	-------------	-------------------

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

Name of Employer Compounding Shop	Occupation Pharmacist
--------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : A2013-3295439

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL 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: PAGE 62 OF 80
(check only one)

<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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

A. Full Name (Last, First, Middle Initial)
Douglas Yoch

Mailing Address 3330 Monroe Road Suite A

City State Zip Code
Charlotte NC 28205

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

Name of Employer Occupation
Stanley Apothecary Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
05 / 22 / 2013

Transaction ID : A2013-3233875

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	134980.00

**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"/> 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	1	3

Transaction ID : B451523

Amount of Each Disbursement this Period

4	3	.	4	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	3

Transaction ID : B451525

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	1	3

Transaction ID : B451526

Amount of Each Disbursement this Period

3	3	.	0	0
---	---	---	---	---

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

1	0	1	1	0	0
---	---	---	---	---	---

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

1	0	1	1	0	0
---	---	---	---	---	---

**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"/> 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: TX District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2013

Transaction ID : B453901

Amount of Each Disbursement this Period

595.10

Full Name (Last, First, Middle Initial)

B. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement
Admin expen-Fundraising Exp.

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: TX District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

MM / DD / YYYY
04 / 09 / 2013

Transaction ID : B451284

Amount of Each Disbursement this Period

5208.00

Full Name (Last, First, Middle Initial)

C. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement
Admin expen-Fundraising Exp.

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: TX District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2013

Transaction ID : B451774

Amount of Each Disbursement this Period

1029.00

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

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

6832.10

**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"/> 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement Admin expen-Fundraising Exp.

003

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼ Not Applicable

State: TX District:

Date of Disbursement

MM / DD / YYYY
04 / 23 / 2013

Transaction ID : B452037

Amount of Each Disbursement this Period

1444.80

Full Name (Last, First, Middle Initial)

B. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement Bank Service Charge

001

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼ Not Applicable

State: TX District:

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2013

Transaction ID : B457084

Amount of Each Disbursement this Period

1062.27

Full Name (Last, First, Middle Initial)

C. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement Admin expen-Fundraising Exp.

003

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼ Not Applicable

State: TX District:

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2013

Transaction ID : B452839

Amount of Each Disbursement this Period

2660.00

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

5167.07

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement Admin expen-Fundraising Exp.

003

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

MM / DD / YYYY
05 / 16 / 2013

Transaction ID : B453793

Amount of Each Disbursement this Period

1540.00

Full Name (Last, First, Middle Initial)

B. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement Admin expen-Fundraising Exp.

003

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2013

Transaction ID : B454439

Amount of Each Disbursement this Period

1344.00

Full Name (Last, First, Middle Initial)

C. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement Admin expen-Fundraising Exp.

003

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2013

Transaction ID : B454628

Amount of Each Disbursement this Period

3024.00

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

5908.00

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	3

Transaction ID : B460267

Amount of Each Disbursement this Period

7	6	3	.	5	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement
Admin expen-Fundraising Exp.

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	3

Transaction ID : B455072

Amount of Each Disbursement this Period

1	2	6	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement
Admin expen-Fundraising Exp.

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	3

Transaction ID : B455444

Amount of Each Disbursement this Period

1	0	2	.	2	0
---	---	---	---	---	---

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

3	0	4	.	5	7
---	---	---	---	---	---

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

3	0	4	.	5	7
---	---	---	---	---	---

**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"/> 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement
Admin expen-Fundraising Exp.

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	0			2	0	1	3		

Transaction ID : B456458

Amount of Each Disbursement this Period

2	1	4	2	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement
Admin expen-Fundraising Exp.

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	5			2	0	1	3		

Transaction ID : B456880

Amount of Each Disbursement this Period

1	1	0	6	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. IACP

Mailing Address 4638 Riverstone Blvd

City Missouri City State TX Zip Code 77459

Purpose of Disbursement
Reimbursement for fundraising event expenses

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	8			2	0	1	3		

Transaction ID : B449818

Amount of Each Disbursement this Period

4	0	3	8	.	7	8
---	---	---	---	---	---	---

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

7	2	8	6	.	7	8
---	---	---	---	---	---	---

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

7	2	8	6	.	7	8
---	---	---	---	---	---	---

**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"/> 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. IACP

Mailing Address 4638 Riverstone Blvd

City Missouri City State TX Zip Code 77459

Purpose of Disbursement Reimbursement for fundraising event expenses

Category/
Type

Candidate Name

Office Sought: House Senate President
State: TX District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B456879

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement Admin expen-Report prep.

Category/
Type

Candidate Name

Office Sought: House Senate President
State: VA District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B446776

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement Admin expen-Report prep.

Category/
Type

Candidate Name

Office Sought: House Senate President
State: VA District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B446777

Amount of Each Disbursement this Period

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement
Admin expen-Report prep.

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: VA District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		08		2013

Transaction ID : B449191

Amount of Each Disbursement this Period

1278.01

Full Name (Last, First, Middle Initial)

B. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement
Admin expen-Report prep.

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: VA District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2013

Transaction ID : B451285

Amount of Each Disbursement this Period

1122.39

Full Name (Last, First, Middle Initial)

C. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement
Admin expen-Report prep.

001

Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: VA District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		10		2013

Transaction ID : B453532

Amount of Each Disbursement this Period

1084.01

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

3484.41

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Public Affairs Support Services Inc.

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement Admin expen-Report prep. Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2013 Primary General Other (specify)

State: VA District:

Date of Disbursement / /

Transaction ID : B454462

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

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 / /

Amount of Each Disbursement this Period

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 / /

Amount of Each Disbursement this Period

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"/> 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Mark Pryor for US Senate

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement
Contribution

011

Candidate Name

Mark Pryor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2013

Transaction ID : B452741

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Salmon for Congress

Mailing Address PO Box 1290

City Mesa State AZ Zip Code 85211

Purpose of Disbursement
Contribution

011

Candidate Name

Matt Salmon

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: AZ District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2013

Transaction ID : B447314

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Friends of Farr

Mailing Address PO Box 122

City Monterey State CA Zip Code 93942

Purpose of Disbursement
Contribution

011

Candidate Name

Sam Farr

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 20

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2013

Transaction ID : B454567

Amount of Each Disbursement this Period

5000.00

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

11000.00

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"/> 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. TOMPAC

Mailing Address P.O. Box 752

City Des Moines State IA Zip Code 50303

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President
State: IA District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼ Not Applicable

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2013

Transaction ID : B447509

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Braley for Iowa

Mailing Address 2813 Virginia Place

City Des Moines State IA Zip Code 50321

Purpose of Disbursement Contribution

011

Candidate Name

Bruce Braley

Category/Type

Office Sought: House Senate President
State: IA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2013

Transaction ID : B451099

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Schock for Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612

Purpose of Disbursement Contribution

011

Candidate Name

Aaron Schock

Category/Type

Office Sought: House Senate President
State: IL District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2013

Transaction ID : B446723

Amount of Each Disbursement this Period

2500.00

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

8500.00

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"/> 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. JET PAC

Mailing Address PO Box 2385

City: Ottawa State: IL Zip Code: 61350

Purpose of Disbursement: Contribution

Candidate Name

Office Sought: House Senate President
State: IL District: 16

Disbursement For: 2013
 Primary General
 Other (specify) Not Applicable

011
Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2013

Transaction ID : B448425

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Rodney Davis for Congress

Mailing Address PO Box 344

City: Taylorville State: IL Zip Code: 62568

Purpose of Disbursement: Contribution

Candidate Name

Rodney Davis

Office Sought: House Senate President
State: IL District: 13

Disbursement For: 2014
 Primary General
 Other (specify) Not Applicable

011
Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2013

Transaction ID : B457062

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Pompeo for Congress Inc.

Mailing Address 499 S Capitol St SW Ste 420

City: Washington State: DC Zip Code: 20003

Purpose of Disbursement: Contribution

Candidate Name

Michael R Pompeo

Office Sought: House Senate President
State: KS District: 04

Disbursement For: 2014
 Primary General
 Other (specify) Not Applicable

011
Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 15 / 2013

Transaction ID : B446421

Amount of Each Disbursement this Period

1000.00

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

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

6000.00

**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"/> 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Guthrie for Congress

Mailing Address PO Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement
Contribution

011

Candidate Name

Brett Guthrie

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2013

Transaction ID : B449824

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Whitfield for Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement
Contribution

011

Candidate Name

Edward Whitfield

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2013

Transaction ID : B451102

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Max Baucus

Mailing Address 122 C Street NW Ste 240

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

011

Candidate Name

Max Baucus

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2013

Transaction ID : B449686

Amount of Each Disbursement this Period

1500.00

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

5000.00

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"/> 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. The Richard Burr Committee

Mailing Address Post Office Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement Contribution

011

Candidate Name

Richard Burr

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
01 / 31 / 2013

Transaction ID : B447101

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Kelly Ayotte

Mailing Address PO Box 937

City Manchester State NH Zip Code 03105

Purpose of Disbursement Contribution

011

Candidate Name

Kelly Ayotte

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: NH District:

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2013

Transaction ID : B451807

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Frank Pallone for Senate

Mailing Address PO Box 3176

City Long Beach State NJ Zip Code 07740

Purpose of Disbursement Contribution

011

Candidate Name

Frank Pallone

Category/Type

Office Sought: House Senate President

Disbursement For: 2013 Primary General Other (specify) ▼
Special Primary

State: NJ District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2013

Transaction ID : B455135

Amount of Each Disbursement this Period

5000.00

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

11000.00

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"/> 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Tim Murphy for Congress

Mailing Address P.O. Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement
Contribution

011

Candidate Name

Tim Murphy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	3

Transaction ID : B447100

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Tim Scott For US Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement
Contribution

011

Candidate Name

Tim Scott

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Special Primary

State: SC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

Transaction ID : B451808

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Alexander for Senate

Mailing Address 1015 Stonebridge Park Dr

City Franklin State TN Zip Code 37069

Purpose of Disbursement
Contribution

011

Candidate Name

Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	3

Transaction ID : B451098

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Alexander for Senate

Mailing Address 1015 Stonebridge Park Dr

City Franklin State TN Zip Code 37069

Purpose of Disbursement
Contribution

011

Candidate Name

Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	3

Transaction ID : B451775

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Alexander for Senate 2014 Inc

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement
Contribution

011

Candidate Name

Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	3

Transaction ID : B455644

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Alexander for Senate 2014 Inc

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069

Purpose of Disbursement
Contribution

011

Candidate Name

Lamar Alexander

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	1	3

Transaction ID : B455645

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0

**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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Michael Burgess for Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Contribution

011

Candidate Name

Michael C. Burgess

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY
05 / 02 / 2013

Transaction ID : B452742

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Olson for Congress Committee

Mailing Address PO Box 16381

City State Zip Code
Sugar Land TX 77496

Purpose of Disbursement
Contribution

011

Candidate Name

Pete Olson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 22

Date of Disbursement

MM / DD / YYYY
05 / 28 / 2013

Transaction ID : B454570

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. The Congressman Joe Barton Committee

Mailing Address P.O. Box 1444

City State Zip Code
Ennis TX 75120

Purpose of Disbursement
Contribution

011

Candidate Name

Joe Barton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2013

Transaction ID : B456457

Amount of Each Disbursement this Period

2500.00

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

10000.00

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"/> 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)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Welch for Congress

Mailing Address PO Box 1682

City Burlington State VT Zip Code 05402

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Peter Welch

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VT District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 05 / 2013

Transaction ID : B451101

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

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 Y Y

Amount of Each Disbursement this Period

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 Y Y

Amount of Each Disbursement this Period

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

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

1000.00

69500.00