



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Professional Compounding Centers of America 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="2024"/>		<input type="text" value="72638.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="74224.27"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="9122.00"/>	<input type="text" value="19208.00"/>
(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="83346.27"/>	<input type="text" value="91846.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1700.00"/>	<input type="text" value="10200.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="81646.27"/>	<input type="text" value="81646.27"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Professional Compounding Centers of America PAC

Report Covering the Period: From: MM / DD / YYYY 03 / 01 / 2024 To: MM / DD / YYYY 03 / 31 / 2024

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).....	7637.00	14713.00
(ii) Unitemized .....	1485.00	4495.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9122.00	19208.00
(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) .....	9122.00	19208.00
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)).....▶	9122.00	19208.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9122.00	19208.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1700.00	10200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1700.00	10200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1700.00	10200.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9122.00	19208.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9122.00	19208.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Professional Compounding Centers of America PAC**

**A. Sparks, L. David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11602 Haley Hollow  
 City Richmond State TX Zip Code 77407-7915  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **03 / 12 / 2024**  
**Transaction ID : 18101185**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. BIGGS, MICHELLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19814 ICELAND COURT  
 City SPRING State TX Zip Code 77379-1401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Vice President of Pharmacy Software  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt **03 / 31 / 2024**  
**Transaction ID : 18151877**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. CLARK, DEBORAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2010 THORNDALE ROAD  
 City INDIAN TRAIL State NC Zip Code 28079-5376  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Compounding Pharmacist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt **03 / 31 / 2024**  
**Transaction ID : 18151881**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5420.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<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)  
**Professional Compounding Centers of America PAC**

**A. DAY, ARJUN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12722 TRAIL HOLLOW  
 City HOUSTON State TX Zip Code 77024-4011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Vice President of Clinical Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 03 / 31 / 2024  
**Transaction ID : 18151882**  
 Amount of Each Receipt this Period 576.00  
 Memo Item

**B. DERESE, Frances, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3610 RICHLAND PARK DR  
 City RICHMOND State TX Zip Code 77406-8605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Lab and Program Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2024  
**Transaction ID : 18151883**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. HARBIN, LIZABETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4409 OLD BROOK RUN  
 City MOUNTAIN BRK State AL Zip Code 35243-4046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) VP PA, Comm, Edu, HR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 31 / 2024  
**Transaction ID : 18151889**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	846.00
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 8 OF 10
(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)  
**Professional Compounding Centers of America PAC**

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

Mailing Address 3337 WICHITA STREET

City HOUSTON	State TX	Zip Code 77004-6345
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PCCA	Occupation (for Individual) Human Relations Specialist
---	---

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
03		31		2024

**Transaction ID : 18151897**

Amount of Each Receipt this Period  
180.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. LEAKE, W M, , ,**

Mailing Address 419 O'HARA DRIVE

City DANVILLE	State KY	Zip Code 40422-1539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PCCA	Occupation (for Individual) Clinical Services Pharmacist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2024

**Transaction ID : 18151898**

Amount of Each Receipt this Period  
210.00

Memo Item

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

Mailing Address 4538 NORTHRIDGE CIRCLE

City CRESTWOOD	State KY	Zip Code 40014-8646
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PCCA	Occupation (for Individual) Clinical Services Manager
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1344.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2024

**Transaction ID : 18151900**

Amount of Each Receipt this Period  
576.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	966.00
<b>TOTAL</b> This Period (last page this line number only).....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 9 OF 10
(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)  
**Professional Compounding Centers of America PAC**

**A. SHANK, AMY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1507 N JEFFERSON STREET  
 City ARLINGTON State VA Zip Code 22205-2839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 31 / 2024  
**Transaction ID : 18151907**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

**B. SPEAIRS, KIMBERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7054 SERRANO DRIVE  
 City FORT WORTH State TX Zip Code 76126-2320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Communications and Engag  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 31 / 2024  
**Transaction ID : 18151909**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	405.00
<b>TOTAL</b> This Period (last page this line number only).....	7637.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Professional Compounding Centers of America PAC**

Full Name (Last, First, Middle Initial)

**A. Morgan Griffith For Congress**

Mailing Address PO Box 361

City  
Christiansburg

State  
VA

Zip Code  
24068

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Griffith, Morgan, , Rep.,

Office Sought:

 House  
 Senate  
 President

Disbursement For: 2024

 Primary  General  
 Other (specify) ▼

State: VA

District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	6		2	0	2	4

FEC Identification Number

C C00477240

Transaction ID : 18074494

Amount of Each Disbursement this Period

1700.00

Memo Item

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

1700.00

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

1700.00