

# 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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00424143** 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  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2018 through  /  /  2018

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

Type or Print Name of Treasurer

Signature of Treasurer Letendre, William, R., , Sr. [Electronically Filed] Date  /  /  2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		11324.09
(b) Cash on Hand at Beginning of Reporting Period.....	30156.19	
(c) Total Receipts (from Line 19) .....	8445.00	64820.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	38601.19	76144.09
7. Total Disbursements (from Line 31).....	24449.17	61992.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	14152.02	14152.02
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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).....	6425.00	62550.00
(ii) Unitemized .....	2020.00	2270.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8445.00	64820.00
(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) .....	8445.00	64820.00
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)).....▶	8445.00	64820.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8445.00	64820.00

**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 .....	6605.42	25148.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6605.42	25148.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17843.75	36593.75
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	250.00
(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	250.00
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)) ..	24449.17	61992.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24449.17	61992.07

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	8445.00	64820.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8445.00	64570.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6605.42	25148.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6605.42	25148.32

**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 20
<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)  
**INTERNATIONAL ACADEMY OF COMPOUNDING PHARMACISTS PAC (COMP PAC)**

**A. Birch, Sheldon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 493 North Main Street  
 City Tooele State UT Zip Code 84074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Birch Family Pharmacy Occupation (for Individual) PharmD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2018  
**Transaction ID : SA11AI.4121**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Burch, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1921 Northpointe Drive  
 City Durham State NC Zip Code 27705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Central Compounding Center Occupation (for Individual) PharmD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 05 / 2018  
**Transaction ID : SA11AI.4154**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**C. Cornett, Erik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 N. Park Avenue  
 City Herrin State ID Zip Code 62948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Natural Med Apothecary Occupation (for Individual) PharmD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 18 / 2018  
**Transaction ID : SA11AI.4156**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1375.00
<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 20
<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. Cornett, Erik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 N. Park Avenue  
 City Herrin State ID Zip Code 62948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Natural Med Apothecary PharmD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 08 / 18 / 2018  
**Transaction ID : SA11AI.4182**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**B. Cornett, Erik, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 212 N. Park Avenue  
 City Herrin State ID Zip Code 62948  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Natural Med Apothecary PharmD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
 09 / 18 / 2018  
**Transaction ID : SA11AI.4126**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Garvin, Cheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Occupation (for Individual)  
 Leesburg Pharmacy RPh  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 07 / 18 / 2018  
**Transaction ID : SA11AI.4159**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<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 8 OF 20
<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. Garvin, Cheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Leesburg Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 18 / 2018  
**Transaction ID : SA11AI.4186**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Garvin, Cheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Leesburg Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.4131**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Higgins, Douglas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 137 North Market St  
 City Paxton State IL Zip Code 60957  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Doug's Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 13 / 2018  
**Transaction ID : SA11AI.4110**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1200.00
<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 9 OF 20
<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. Kurbutov, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 507 South 2nd Street  
 City Philadelphia State PA Zip Code 19147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Art of Medicine Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2018  
**Transaction ID : SA11AI.4142**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Letendre, Gerry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2075 Siesta Drive  
 City Sarasots State FL Zip Code 34239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sarasota Specialty Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 18 / 2018  
**Transaction ID : SA11AI.4188**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Letendre, Gerry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2075 Siesta Drive  
 City Sarasots State FL Zip Code 34239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sarasota Specialty Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.4135**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<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 10 OF 20
<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. Martinez, Sonia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Marco Drugs and Compounding Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 19 / 2018  
**Transaction ID : SA11AI.4175**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Meeker, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1150 crater Lake Ave, Suite M  
 City Medford State OR Zip Code 97504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wellness Compounding Pharmacy Occupation (for Individual) PharmD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 13 / 2018  
**Transaction ID : SA11AI.4112**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Pederson, Gregg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5290 East Yale Circle  
 City Denver State CO Zip Code 80222  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmacy Resources Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2018  
**Transaction ID : SA11AI.4150**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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 11 OF 20
<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. Pinto, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1115 South Avenue West  
 City Westfield State NJ Zip Code 07090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tiffany Natural Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2018  
**Transaction ID : SA11AI.4144**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Pytlarz, Alexander, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 36 C Catoctin Circle  
 City Leesburg State VA Zip Code 20175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Compounding Center Occupation (for Individual) PharmD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 18 / 2018  
**Transaction ID : SA11AI.4168**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Schuckman, Jade, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2412 West 16th  
 City Bedford State IN Zip Code 47421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medicine Plus Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 13 / 2018  
**Transaction ID : SA11AI.4114**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 12 OF 20
	<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. Smith, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 802 E Medical Court  
 City Post Falls State ID Zip Code 83854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Medicine Man West Pharmacy RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 18 / 2018  
**Transaction ID : SA11AI.4138**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Smith, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 664  
 City Cameron State SC Zip Code 29030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Cameron Veterinary Pharmacy RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2018  
**Transaction ID : SA11AI.4198**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Stephens, Graham, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3015 Carolina Avenue  
 City Roanoke State VA Zip Code 24014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Blue Ridge Apothecary RPh  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 14 / 2018  
**Transaction ID : SA11AI.4181**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<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 13 OF 20
<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. Taylor, Koby, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 Canyon View Drive  
 City Santa Clara State UT Zip Code 84765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fusion Specialty Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **09 / 25 / 2018**  
**Transaction ID : SA11AI.4148**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Walker, Roy Dean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 N. Commerce Ave  
 City Russellville State AR Zip Code 72801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) C&D Drug Store Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **07 / 19 / 2018**  
**Transaction ID : SA11AI.4177**  
 Amount of Each Receipt this Period 250.00  
 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).....	500.00
<b>TOTAL</b> This Period (last page this line number only).....	6425.00

**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"/> 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) <b>A. Comerica Bank</b>		Date of Disbursement MM / DD / YYYY 07 / 05 / 2018
Mailing Address PO Box 650282		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4223</b> Amount of Each Disbursement this Period [ ] 482.27
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Bank Service Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Comerica Bank</b>		Date of Disbursement MM / DD / YYYY 08 / 03 / 2018
Mailing Address PO Box 650282		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4232</b> Amount of Each Disbursement this Period [ ] 105.58
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Bank Service Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Comerica Bank</b>		Date of Disbursement MM / DD / YYYY 09 / 05 / 2018
Mailing Address PO Box 650282		FEC Identification Number C [ ] <b>Transaction ID : SB21B.4248</b> Amount of Each Disbursement this Period [ ] 90.93
City Dallas	State TX	Zip Code 75265
Purpose of Disbursement Bank Service Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 678.78
<b>TOTAL</b> 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"/> 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. International Academy of Compounding Pharmacists**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	1	8

Mailing Address 4638 Riverstone Blvd

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4227**

Amount of Each Disbursement this Period

[ ] 248.00

Memo Item

City Missouri City State TX Zip Code 77459

Purpose of Disbursement Administrative Expense

[ ]

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. International Academy of Compounding Pharmacists**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	1	8

Mailing Address 4638 Riverstone Blvd

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4235**

Amount of Each Disbursement this Period

[ ] 253.00

Memo Item

City Missouri City State TX Zip Code 77459

Purpose of Disbursement Administrative Expense

[ ]

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. International Academy of Compounding Pharmacists**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	1	8

Mailing Address 4638 Riverstone Blvd

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4237**

Amount of Each Disbursement this Period

[ ] 345.00

Memo Item

City Missouri City State TX Zip Code 77459

Purpose of Disbursement Administrative Expense

[ ]

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

[ ] 846.00

**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"/> 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. International Academy of Compounding Pharmacists

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2018

Mailing Address 4638 Riverstone Blvd

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4244**

Amount of Each Disbursement this Period

[ ] 248.00

Memo Item

City Missouri City State TX Zip Code 77459

Purpose of Disbursement  
Administrative Expense

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B. International Academy of Compounding Pharmacists

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	26	/	2018

Mailing Address 4638 Riverstone Blvd

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4245**

Amount of Each Disbursement this Period

[ ] 284.00

Memo Item

City Missouri City State TX Zip Code 77459

Purpose of Disbursement  
Administrative Expense

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C. Jason Wheeler

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	05	/	2018

Mailing Address 20611 Dademount Court

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4224**

Amount of Each Disbursement this Period

[ ] 250.00

Memo Item

City Richmond State TX Zip Code 77407

Purpose of Disbursement  
Administrative Expense

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

[ ] 782.00

**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"/> 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.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		20		2018

Mailing Address 1950 Roland Clarke Place  
Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement  
Compliance Consulting

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4230**  
Amount of Each Disbursement this Period

[ ] 1113.22

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. Public Affairs Support Services Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2018

Mailing Address 1950 Roland Clarke Place  
Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement  
Compliance Consulting

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4238**  
Amount of Each Disbursement this Period

[ ] 1861.58

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. Public Affairs Support Services Inc.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		25		2018

Mailing Address 1950 Roland Clarke Place  
Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement  
Compliance Consulting

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4243**  
Amount of Each Disbursement this Period

[ ] 1123.84

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

[ ] 4098.64

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

[ ] 6405.42

**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)

**INTERNATIONAL ACADEMY OF COMPOUNDING PHARMACISTS PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. BUDDY CARTER FOR CONGRESS**

Mailing Address PO BOX 10570

City  
SAVANNAH

State  
GA

Zip Code  
31412

Purpose of Disbursement

Candidate Name

**CARTER, EARL LEROY, , ,**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: GA

District: 01

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2018

FEC Identification Number

**C** C00543967

**Transaction ID : SB23.4234**

Amount of Each Disbursement this Period

4843.75

Memo Item

Full Name (Last, First, Middle Initial)

**B. CULBERSON FOR CONGRESS**

Mailing Address P.O. BOX 41964

City  
HOUSTON

State  
TX

Zip Code  
77241

Purpose of Disbursement

Candidate Name

**CULBERSON, JOHN, , ,**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify)

State: TX

District: 07

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2018

FEC Identification Number

**C** C00343236

**Transaction ID : SB23.4225**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City  
BOWLING GREEN

State  
KY

Zip Code  
42102

Purpose of Disbursement

Candidate Name

**GUTHRIE, S. BRETT HON., , ,**

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For: 2018

Primary  General  
 Other (specify) ▼

State: KY

District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 19 / 2018

FEC Identification Number

**C** C00445023

**Transaction ID : SB23.4229**

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

8343.75

**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)  
**INTERNATIONAL ACADEMY OF COMPOUNDING PHARMACISTS PAC (COMP PAC)**

**A. HOEVEN FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 861

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement

Candidate Name  
**HOEVEN, JOHN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼

State: ND District: 00

Date of Disbursement: 07 / 12 / 2018

FEC Identification Number: **C00473371**  
Transaction ID : **SB23.4226**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. JOHN CARTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address 201 UNIVERSITY OAKS BLVD. SUITE 540 # 148

City ROUND ROCK State TX Zip Code 78665

Purpose of Disbursement

Candidate Name  
**CARTER, JOHN R. REP., , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TX District: 31

Date of Disbursement: 09 / 13 / 2018

FEC Identification Number: **C00371203**  
Transaction ID : **SB23.4240**  
Amount of Each Disbursement this Period: 4000.00

Memo Item

**C. KURT SCHRADER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 3314

City OREGON CITY State OR Zip Code 97045

Purpose of Disbursement

Candidate Name  
**SCHRADER, KURT, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: OR District: 05

Date of Disbursement: 09 / 13 / 2018

FEC Identification Number: **C00446906**  
Transaction ID : **SB23.4241**  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**INTERNATIONAL ACADEMY OF COMPOUNDING PHARMACISTS PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. ROBERT ADERHOLT FOR CONGRESS**

Mailing Address P. O. BOX 1158

City  
HALEYVILLE

State  
AL

Zip Code  
35565

Purpose of Disbursement

Candidate Name

**ADERHOLT, ROBERT B. REP., , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: AL District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	26	/	2018

FEC Identification Number

**C** C00313247

**Transaction ID : SB23.4231**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. SANFORD BISHOP FOR CONGRESS**

Mailing Address P O BOX 909

City  
COLUMBUS

State  
GA

Zip Code  
31902

Purpose of Disbursement

Candidate Name

**BISHOP, SANFORD D, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: GA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	19	/	2018

FEC Identification Number

**C** C00266940

**Transaction ID : SB23.4228**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
-------	---	-------	---	-----------

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

3500.00

17843.75