

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
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** 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 Quarterly 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 05 20 2010 through 06 30 2010

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 Rod Shafer

Signature of Treasurer Electronically Filed by Rod Shafer Date 07 14 2010

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

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
International Academy of Compounding Pharmacists PAC (COMP PAC)

Report Covering the Period: From:

M	M
0	5

D	D
2	0

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		42614.05
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	41163.07									
(c) Total Receipts (from Line 19)	9150.00	19750.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50313.07	62364.05								
7. Total Disbursements (from Line 31)	5093.59	17144.57								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	45219.48	45219.48								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 06/2004)

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)	8850.00	19250.00
(ii) Unitemized	300.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	9150.00	19750.00
(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)	9150.00	19750.00
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 Transfer (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))	9150.00	19750.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9150.00	19750.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	93.59	234.57
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	93.59	234.57
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	16500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	410.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	5093.59	17144.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5093.59	17144.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	9150.00	19750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9150.00	19750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	93.59	234.57
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	93.59	234.57

**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 / 15
	<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.	Full Name (Last, First, Middle Initial) Matthew Buderer		Date of Receipt MM / DD / YYYY 06 / 16 / 2010		
	Mailing Address 26611 North Dixie Hwy #119		Transaction ID: A2010-1624547		
	City Perrysburg	State OH	Zip Code 43551	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Buderer Drug Co. Inc.	Occupation RPh FIACP	Aggregate Year-to-Date 500.00		

B.	Full Name (Last, First, Middle Initial) Dale Coker		Date of Receipt MM / DD / YYYY 05 / 28 / 2010		
	Mailing Address 2260 Holly Springs Parkway		Transaction ID: A2010-1531545		
	City Canton	State GA	Zip Code 30115	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cherokee Custom Script Pharmacy	Occupation Pharmacist	Aggregate Year-to-Date 250.00		

C.	Full Name (Last, First, Middle Initial) Dale Coker		Date of Receipt MM / DD / YYYY 06 / 04 / 2010		
	Mailing Address 2260 Holly Springs Parkway		Transaction ID: A2010-1624548		
	City Canton	State GA	Zip Code 30115	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Cherokee Custom Script Pharmacy	Occupation Pharmacist	Aggregate Year-to-Date 500.00		

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 7 / 15
	<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.

Full Name (Last, First, Middle Initial)
Ms. Rebecca Cox

Mailing Address 113 Big Road

City State Zip Code
Zieglerville PA 19492

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

Name of Employer Occupation
Dorneyville Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: A2010-1624549

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
David Creecy

Mailing Address 498 Wythe Creek Road

City State Zip Code
Poquoson VA 23662

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

Name of Employer Occupation
Poquoson Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: A2010-1624550

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Pat Downing

Mailing Address 470 E Loop 281

City State Zip Code
Longview TX 75605

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

Name of Employer Occupation
Med-Shop Pharmacy RPh FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: A2010-1624551

Amount of Each Receipt this Period
500.00

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: PAGE 8 / 15
(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

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.

Full Name (Last, First, Middle Initial) Paul Franck		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
Mailing Address 202 SW 17th St. Rm. 202B		Transaction ID: A2010-1624552
City Ocala	State FL	Zip Code 34474-5138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Franck's Pharmacy & Homecare	Occupation RPh FIACP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.

Full Name (Last, First, Middle Initial) Jan Gerber		Date of Receipt MM / DD / YYYY 06 / 04 / 2010
Mailing Address 3510 N. Ridge Rd. Suite 900		Transaction ID: A2010-1624553
City Wichita	State KS	Zip Code 67205
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Richardson's Custom Rx	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.

Full Name (Last, First, Middle Initial) Jim Gillespie		Date of Receipt MM / DD / YYYY 06 / 24 / 2010
Mailing Address 2121 Whitesburg Drive		Transaction ID: A2010-1624554
City Huntsville	State AL	Zip Code 35801
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Huntsville Compounding Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
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 9 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name (Last, First, Middle Initial)
John Herr

Mailing Address 106 Prospect St.

City State Zip Code
Ridgewood NJ 07450

FEC ID number of contributing federal political committee. C

Name of Employer: Town & Country Compounding & Consultat
Occupation: RPh FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 16 / 2010

Transaction ID: A2010-1624556

Amount of Each Receipt this Period
250.00

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

Mailing Address 20214 Braidwood #140

City State Zip Code
Katy TX 77450

FEC ID number of contributing federal political committee. C

Name of Employer: Hotze Health & Wellness Center
Occupation: MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 16 / 2010

Transaction ID: A2010-1624557

Amount of Each Receipt this Period
500.00

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

Mailing Address 651 Topeka Way Suite 600

City State Zip Code
Castle Rock CO 80109

FEC ID number of contributing federal political committee. C

Name of Employer: ITC Compounding Pharmacy
Occupation: Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 04 / 2010

Transaction ID: A2010-1624558

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: PAGE 10 / 15
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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.

Full Name (Last, First, Middle Initial)
Robert Lolley

Mailing Address 262 Main Dunstable Road

City State Zip Code
Nashua NH 03062

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

Name of Employer Occupation
Medicine World Inc. Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: A2010-1624559

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Martin Mintz

Mailing Address 6701 Harford Road

City State Zip Code
Baltimore MD 21234

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

Name of Employer Occupation
Northern Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 04 / 2010

Transaction ID: A2010-1624560

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Mr. Joe Moore

Mailing Address PO Box 3240

City State Zip Code
Cleveland TN 37320

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

Name of Employer Occupation
Medical Center Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 16 / 2010

Transaction ID: A2010-1624561

Amount of Each Receipt this Period
500.00

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: PAGE 11 / 15
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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.

Full Name (Last, First, Middle Initial)
Sam Pratt

Mailing Address 393 Maitland Avenue

City State Zip Code
Altamonte Springs FL 32701

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

Name of Employer Pharmacy Specialists Occupation RPh FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: A2010-1624562

Amount of Each Receipt this Period
250.00

B.

Full Name (Last, First, Middle Initial)
John Preckshot

Mailing Address 4450 N. Prospect Rd. Suite 7

City State Zip Code
Peoria Heights IL 61616

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

Name of Employer Preckshot Professional Pharmacy Occupation RPh FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 24 / 2010

Transaction ID: A2010-1624563

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
Kim Richardson

Mailing Address 111 Pitt Street/P.O. Box 158

City State Zip Code
Mt. Pleasant SC 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 ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 28 / 2010

Transaction ID: A2010-1531546

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: PAGE 12 / 15
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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.

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

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 Northern New England Compounding Pharm Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2010

Transaction ID: A2010-1624564

Amount of Each Receipt this Period 250.00

B.

Full Name (Last, First, Middle Initial)
Alyssa Sanders

Mailing Address 3707 East 51st Street

City Tulsa State OK Zip Code 74135

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

Name of Employer Apothecary Shoppe Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 04 / 2010

Transaction ID: A2010-1624565

Amount of Each Receipt this Period 500.00

C.

Full Name (Last, First, Middle Initial)
John E. Singletary

Mailing Address 402 W. Boughton Road

City Bolingbrook State IL Zip Code 60440

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

Name of Employer Bolingbrook Pharmacy Occupation RPh Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 04 / 2010

Transaction ID: A2010-1624566

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 13 / 15
	<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.	Full Name (Last, First, Middle Initial) Brant Skanson		Date of Receipt
	Mailing Address 8040 South Virginia #3		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 16 / 2010
	City	State	Zip Code
	Reno	NV	89511
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: A2010-1624567
Name of Employer Sierra Compounding Pharmacy		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

B.	Full Name (Last, First, Middle Initial) Stephen Skinner		Date of Receipt
	Mailing Address 2104 Alabama Hwy 157 N.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 16 / 2010
	City	State	Zip Code
	Cullman	AL	35058
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: A2010-1624568
Name of Employer Specialty Pharmacy		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

C.	Full Name (Last, First, Middle Initial) John Skovmand		Date of Receipt
	Mailing Address 110 W. Harvard Blvd. Suite H		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 04 / 2010
	City	State	Zip Code
	Santa Paula	CA	93060
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: A2010-1624572
Name of Employer Seeber's Discount Pharmacy		Occupation Pharmacist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 750.00
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: PAGE 14 / 15

(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

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.

Full Name (Last, First, Middle Initial)
David Smith

Mailing Address 610 E. Romie Lane #1

City State Zip Code
Salinas CA 93901

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

Name of Employer Occupation
A & O Clinic Pharmacy Pharmacist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1624573

Amount of Each Receipt this Period

750.00

B.

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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 1 0

Transaction ID: A2010-1624574

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)

8850.00

**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)

PAGE 15 / 15

<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

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.

Full Name (Last, First, Middle Initial)
Texans for Senator John Cornyn Inc

Mailing Address PO Box 13026 Suite 180

City State Zip Code
Austin TX 78711

Purpose of Disbursement
Contribution

Candidate Name
John Cornyn

Office Sought: House
 Senate
 President

State: TX District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: B331783

Date of Disbursement

06 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

5000.00