

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 Missouri City TX 77459 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00424143 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (checked), July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 11 / 25 / 2014 through 12 / 31 / 2014

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 01 / 22 / 2015

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="2014"/>	<input type="text" value="18034.33"/>	<input type="text" value="18034.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="48774.62"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2250.00"/>	<input type="text" value="94000.00"/>
(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="51024.62"/>	<input type="text" value="112034.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1336.99"/>	<input type="text" value="62346.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="49687.63"/>	<input type="text" value="49687.63"/>
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

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).....	2000.00	86300.00
(ii) Unitemized	250.00	7700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2250.00	94000.00
(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)	2250.00	94000.00
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))..... ▶	2250.00	94000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2250.00	94000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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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	1336.99	32346.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1336.99	32346.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	30000.00
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)) ..	1336.99	62346.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1336.99	62346.70

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	2250.00	94000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2250.00	94000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1336.99	32346.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1336.99	32346.70

**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 11
	<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. Richard Brisson
 Full Name (Last, First, Middle Initial)
 Mailing Address 458 Dartmouth Street
 City New Bedford State MA Zip Code 02740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pharmahealth 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
 11 / 25 / 2014
Transaction ID : A2014-2807012
 Amount of Each Receipt this Period
 500.00

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 ▼ 1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2014
Transaction ID : A2014-2806050
 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 ▼ 1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2014
Transaction ID : A2014-2952903
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:
Transaction ID:

**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 11	
	<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. Cheri Garvin
Full Name (Last, First, Middle Initial)
Mailing Address 109 Old English Court SW

City Leesburg	State VA	Zip Code 20175
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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 ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	25	/	2014

Transaction ID : A2014-2806918

Amount of Each Receipt this Period
100.00

B. Cheri Garvin
Full Name (Last, First, Middle Initial)
Mailing Address 109 Old English Court SW

City Leesburg	State VA	Zip Code 20175
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FEC ID number of contributing federal political committee. **C**

Name of Employer Leesburg Pharmacy	Occupation Rph
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
12	/	18	/	2014

Transaction ID : A2014-2952904

Amount of Each Receipt this Period
100.00

C. Jim Gillespie
Full Name (Last, First, Middle Initial)
Mailing Address 2121 Whitesburg Drive

City Huntsville	State AL	Zip Code 35801
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FEC ID number of contributing federal political committee. **C**

Name of Employer Huntsville Compounding Pharmacy	Occupation Pharmacist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	25	/	2014

Transaction ID : A2014-2806920

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 9 OF 11
	<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 ▼ **1200.00**

Date of Receipt
12 / 18 / 2014

Transaction ID : A2014-2952905

Amount of Each Receipt this Period
100.00

B. 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 ▼ **2500.00**

Date of Receipt
11 / 25 / 2014

Transaction ID : A2014-2806051

Amount of Each Receipt this Period
500.00

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

Mailing Address 31 Albe Drive Unit 1

City Newark State DE Zip Code 58104

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 ▼ **1550.00**

Date of Receipt
11 / 25 / 2014

Transaction ID : A2014-2806919

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
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 11
	<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. Ray Reyhani
Full Name (Last, First, Middle Initial)
Mailing Address 1840 41st Avenue #103

City Capitola	State CA	Zip Code 95010
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lauden Pharmacy	Occupation Pharmacist
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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
11	/	25	/	2014

Transaction ID : A2014-2807010

Amount of Each Receipt this Period
250.00

B. David Rochefort
Full Name (Last, First, Middle Initial)
Mailing Address 262 Cottage Street Suite 116

City Littleton	State NH	Zip Code 03561
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FEC ID number of contributing federal political committee. **C**

Name of Employer Eastern States Compounding Pharmacy	Occupation Pharmacist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2014

Transaction ID : A2014-2806921

Amount of Each Receipt this Period
50.00

C. David Rochefort
Full Name (Last, First, Middle Initial)
Mailing Address 262 Cottage Street Suite 116

City Littleton	State NH	Zip Code 03561
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FEC ID number of contributing federal political committee. **C**

Name of Employer Eastern States Compounding Pharmacy	Occupation Pharmacist
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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
12	/	18	/	2014

Transaction ID : A2014-2952906

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	2000.00

**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: 2014
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			25			2014			

Transaction ID : B540682

Amount of Each Disbursement this Period

49.33

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: 2014
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2014			

Transaction ID : B543603

Amount of Each Disbursement this Period

166.94

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2014			

Transaction ID : B540516

Amount of Each Disbursement this Period

1104.82

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

1321.09

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

1321.09
