Image# 15950083086					PAGE 1 / 11
	EPORT OF F ND DISBURS Other Than An Author	SEMENTS	S		
1. NAME OF TYP	E OR PRINT V	Example: If typir	na, type		Office Use Only
COMMITTEE (in full)		over the lines.	-9, ()po	12FE4M5	
International Academy of	Compounding Pha	rmacists PAC		AC)	
ADDRESS (number and street)	638 Riverstone Blvd				
					· · · · · · · · · · · · ·
Check if different than previously reported. (ACC)	/issouri City			ТХ	77459
2. FEC IDENTIFICATION NUMB	ER V CITY		S		ZIP CODE
C C00424143	3. IS RE		IEW N) <b>OR</b>	AME (A)	NDED
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> <li>October 15 Quarterly Report (Q3)</li> <li>X January 31 Year-End Report (YE)</li> <li>July 31 Mid-Year Report (Non-election Year Only) (MY)</li> <li>Termination Report</li> </ul>	Report Due On: Mar 2	0 (M3) 0 (M4) Primary (12P Convention ( on General (30G	12C) / Y	General (12 Special (12	(M0)-Election Year Only) (M9) (M9) (M10) 2G) Runoff (12R) 2S) in the State of R) Special (30S)
(TER)	Election	on /	D D / Y	Y Y Y Y	in the State of
5. Covering Period	25 / Y Y Y Y 21 2014	through	M M 12	/ D D / 31	2014
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of n David G Miller	ny knowledge and b	elief it is true	, correct and	complete.
Signature of Treasurer David G M		[Electronically	<i>Filed]</i> Da	te 01	/ D D / Y Y Y Y 22 2015
NOTE: Submission of false, erroneous	, or incomplete information	may subject the pers	on signing this	s Report to the	penalties of 2 U.S.C. §437g.
Office Use Only			-		FEC FORM 3X Rev. 12/2004

01/26/2015 14 : 00

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

R	eport Covering the Period: From:	11 25 2014 To	b: 12 / D D / Y Y Y Y 31 2014
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		18034.33
	(b) Cash on Hand at Beginning of Reporting Period	48774.62	
	(c) Total Receipts (from Line 19)	2250.00	94000.00
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	51024.62	112034.33
7.	Total Disbursements (from Line 31)	1336.99	62346.70
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49687.63	49687.63
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

X

DE	TAILED SUMMARY PAGE of Receipts	Г
FEC Form 3X (Rev. 06/2004)		Page 3
Write or Type Committee Name		
International Academy of Compound	ling Pharmacists PAC (COMP P	AC)
Report Covering the Period: From:	/ D D / Y Y Y Y 25 2014 To	b: 12 / D D / Y Y Y Y Y 31 2014
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
(i) iternized (use Schedule A)		7 7
(ii) Unitemized	250.00	7700.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	2250.00	94000.00
(b) Delitical Darty Committees	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	2252.22	04000.00
Totals to Line 33, page 5)▶	2250.00	94000.00
12. Transfers From Affiliated/Other	0.00	0.00
Party Committees		
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made	0.00	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
17. Other Federal Receipts	7 7 7	7 7
(Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)		0.00
(b) Lovin Europa (from Schodula HE)	0.00	0.00
(b) Levin Funds (from Schedule H5)		7 7 7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d),	0050.00	04000.00
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
L.	7 7 7	7 7

FE6AN026

Image# 15950083088

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. 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
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	1336.99	32346.70
Transfers to Affiliated/Other Party		
Committees Contributions to Federal Candidates/Committees	0.00	0.00
and Other Political Committees	0.00	30000.00
(use Schedule E) Coordinated Party Expenditures	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
<ul><li>(b) Political Party Committees</li><li>(c) Other Political Committees</li></ul>		
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))►	0.00	0.00
Other Disbursements	0.00	0.00
<ul><li>Federal Election Activity (2 U.S.C. §431(20))</li><li>(a) Allocated Federal Election Activity (from Schedule H6)</li></ul>		
(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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1336.99	62346.70
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1336.99	62346.70

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## DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	2250.00	94000.00
<ol> <li>Total Contribution Refunds         (from Line 28(d))     </li> </ol>	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2250.00	94000.00
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	1336.99	32346.70
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	1336.99	32346.70

# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

11

	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		1 <sup>.</sup>	1b 4	11c		12 16	17				
	y information copied from such Reports and s for commercial purposes, other than using th				for the		po	se of	solicit		ontribu	tions				
	NAME OF COMMITTEE (In Full)															
$\rangle$	International Academy of Comp	oounding I	Pharmacists PAC (CO	MP F	PAC	)										
Α.	Full Name (Last, First, Middle Initial) Richard Brisson				Date c	of Re	ece	eipt								
	Mailing Address 458 Dartmouth Street				M N	/	I	25	D /		2014	Y				
	City	State	Zip Code						A2014							
	New Bedford	MA	02740	/	Amour	nt of	Ea	ach F	Receipt	this	Period					
	FEC ID number of contributing federal political committee.	С					7				500	.00				
	Name of Employer	Occupation														
	Pharmahealth Pharmacy	Pharmacist														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General	55 - 5 - 4		11.												
	Other (specify)		500.00													
в.	Full Name (Last, First, Middle Initial) Chris Burgess				Date c	of Re	ece	eipt								
	Mailing Address 322 N. Ingleside Street			M N	/	ſ	D 1			2014	Y					
	City	State	Zip Code	Transaction ID : A2014-2806050												
	Fairhope	AL	36532	Amount of Each Receipt this Period												
	FEC ID number of contributing federal political committee.	С			100.00											
	Name of Employer	Occupation														
	Heritage Compounding Pharmacy	Pharmacist														
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General			11.												
	Other (specify)	L	1600.00													
с.	Full Name (Last, First, Middle Initial) Chris Burgess				Date c	of Re	ece	eipt								
	Mailing Address 322 N. Ingleside Street				M N	/	ſ	D 18			2014	Y				
	City	State	Zip Code		Tran	sact	tior	n ID :	A201	1-295	2903					
	Fairhope	AL	36532		Amour	nt of	Ea	ach F	Receipt	this	Period					
	FEC ID number of contributing federal political committee.	С					7		7		100	.00				
	Name of Employer	Occupation														
	Heritage Compounding Pharmacy															
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General															
	Other (specify)		1700.00													
s	UBTOTAL of Receipts This Page (optional)						7				700.	00				

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

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### :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

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:

#### Image# 15950083093

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

(check only one)

PAGE

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11

TIEMIZED RECEIP 13		Detailed Summary Page		11a	11	b	11c	12							
				13	14		15	16		17					
Any information copied from such Reports a or for commercial purposes, other than usir															
NAME OF COMMITTEE (In Full)															
International Academy of Co	ompounding	Pharmacists PAC (CO	MP F	PAC)	)										
Full Name (Last, First, Middle Initial) A. Cheri Garvin				Date of	f Recei	ipt									
Mailing Address 109 Old English Court S	W			M M	/	25	/ Y	2014	Y						
City	State	Zip Code			action		A2014-2		-						
Leesburg	VA	20175					eceipt th		d						
FEC ID number of contributing federal political committee.	С						7	10	0.00						
Name of Employer	Occupation	1													
Leesburg Pharmacy	Rph														
Receipt For:	Agaregate	Year-to-Date ▼													
Primary General			• I - I												
Other (specify) ▼		1100.00													
Full Name (Last, First, Middle Initial) B. Cheri Garvin				Date of	f Bocoi	int									
Mailing Address 109 Old English Court S		Date of Receipt													
Maining Address 109 Old English Court S	Maning Harlood 109 Old English Court Sw						/ Y	_2014	Y						
City	State	Zip Code	12 18 2014 Transaction ID : A2014-2952904												
Leesburg	VA	20175		Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee.	С						7	10	0.00						
Name of Employer	Occupation	1													
Leesburg Pharmacy	Rph														
Receipt For:	· · ·	Year-to-Date ▼													
Primary General	Aggregate		- L -												
Other (specify)	_ L	1200.00	4												
Full Name (Last, First, Middle Initial) C. Jim Gillespie				Date of	f Recei	ipt									
Mailing Address 2121 Whitesburg Drive				M M	/	25	/ Y	2014	Y						
City	State	Zip Code		Trans	saction	ID :	A2014-2	806920							
Huntsville	AL	35801	/	Amount	t of Ea	ch R	eceipt th	is Perio	d						
FEC ID number of contributing federal political committee.	С						7	10	00.00						
Name of Employer	Name of Employer Occupation														
Huntsville Compounding Pharmacy															
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General			11.												
Other (specify)		1100.00													
SUBTOTAL of Receipts This Page (option	al)						- 7	30	0.00						

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

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# SCHEDULE A (FEC Form 3X) EMIZED RECEIPTS

FOR LINE NUMBER:

(check only one)

PAGE

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11

	for each category of Detailed Summary F	Page $
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) International Academy of Co		
Full Name (Last, First, Middle Initial)         Jim Gillespie         Mailing Address 2121 Whitesburg Drive         City         Huntsville         FEC ID number of contributing federal political committee.         Name of Employer         Huntsville Compounding Pharmacy         Receipt For:         Primary       General         Other (specify) ▼	State Zip Code AL 35801 C Occupation Pharmacist Aggregate Year-to-Date ▼ 12	Date of Receipt  Date of Receipt  12 18 2014 Transaction ID : A2014-2952905  Amount of Each Receipt this Period  100.00
B. Full Name (Last, First, Middle Initial) Mr. Joe Moore Mailing Address PO Box 3240		Date of Receipt
City Cleveland FEC ID number of contributing federal political committee. Name of Employer Medical Center Compounding Pharmacy Receipt For: ☐ Primary  General Other (specify) ▼	State TN     Zip Code 37320       C       Occupation Pharmacist       Aggregate Year-to-Date ▼       250	11         25         2014           Transaction ID : A2014-2806051         Amount of Each Receipt this Period           500.00         500.00
Full Name (Last, First, Middle Initial)         C.       Brenda Pavlic         Mailing Address 31 Albe Drive Unit 1         City         Newark         FEC ID number of contributing federal political committee.         Name of Employer         Save Way Compounding Pharmacy         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         DE       58104         C       Occupation         Pharmacist       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼       15	Date of Receipt  Date of Receipt  11 25 2014 Transaction ID : A2014-2806919 Amount of Each Receipt this Period  50.00
SUBTOTAL of Receipts This Page (optiona	)	650.00

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

# SCHEDULE A (FEC Form 3X) EMIZED RECEIPTS

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

11

	15		for each category of the Detailed Summary Page		< 11a 13		11b 14	11c		12 16	
			not be sold or used by any dress of any political commit		for the		pose o			ntributi	
	(In Full)		harmacists PAC (Co								
Full Name (Last, First, M         Ray Reyhani         Mailing Address 1840 41         City         Capitola         FEC ID number of contri         federal political committe         Name of Employer         Lauden Pharmacy         Receipt For:         Primary         Other (specify) ▼	st Avenue #103 buting e.	State CA C ccupation harmacist ggregate Y	Zip Code 95010 //ear-to-Date ▼ 250.00			sact	25 ion ID		20 28070		У 00
B. Full Name (Last, First, M David Rochefort Mailing Address 262 Cott					Date o	of Re	eceipt	D / Y	20	Y III	Y
City Littleton FEC ID number of contri federal political committe Name of Employer Eastern States Compound	buting e.	State NH C ccupation	Zip Code 03561		Trans		ion ID :	: <b>A2014-2</b> Receipt tl	28069	921	00
Receipt For:			ear-to-Date ▼ 550.00								
C. David Rochefort Mailing Address 262 Cot					Date o	_	eceipt			)14	Y
City Littleton FEC ID number of contri federal political committe	buting	State NH	Zip Code 03561		Tran		ion ID	: <b>A2014-</b> : Receipt ti	29529	906	00
Name of Employer Eastern States Compoun Receipt For:	Eastern States Compounding Pharmacy       Pharmacist         Receipt For:       Aggregate Year-to-Date ▼         Primary       General										
SUBTOTAL of Receipts Th	is Page (optional)			•			7			350.0	00

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

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2000.00

ITEMIZED DISBURSEMENTS       Use separate schedule(s) for each category of the Detailed Summary Page       (check only one) 27       28       28       28       29       24       25       24       25       24       25       23       24       25	S	CHEDULE B (FEC Form 3X)		F	OR	LIN	INE NUMBER: PAGE 11 OF 11												
Detailed Summary Page       23       28       <	IT	EMIZED DISBURSEMENTS			cheo	ck o	only c												
ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTE (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 Dalas TX 75265 Purpose of Disbursement Bank Service Charge Candidate Name Disbursement Primay Office Sought: House Disbursement Bank Service Charge Candidate Name Category TX 75265 Purpose of Disbursement Bank Service Charge Candidate Name Category Office Sought: House Disbursement Bank Service Charge Candidate Name Category TX 75265 Purpose of Disbursement Bank Service Charge Candidate Name Category TX 75265 Date of Disbursement Bank Service Charge Candidate Name Category TX 75265 Purpose of Disbursement Bank Service Charge Candidate Name Category TX 75265 Date of Disbursement Bank Service Charge Candidate Name Category TX 75265 Date of Disbursement Bank Service Charge Candidate Name Candidate Name Category TX 75265 Date of Disbursement Bank Service Charge Candidate Name Category TX 75265 Date of Disbursement Bank Service Charge Candidate Name Category TX 75265 Date of Disbursement Bank Service Charge Candidate Name Category TX 75265 Date of Disbursement Bank Service Charge Candidate Name Category TX 75265 Date of Disbursement Category TX 75265 Transaction D: B543603 Amount of Each Disbursement State: District: Not Applicable Date of Disbursement T57: 2014 Category Type Tansaction D: B543603 Categ								L				-		$\left  - \right $		26 30b			
International Academy of Compounding Pharmacists PAC (COMP PAC)         Full Name (Last, First, Middle Initial)         A. Comerica Bank         Mailing Address P.O. Box 650282         City       State         Datas Disbursement         Bark Service Charge         Candidate Name         Office Sought:       House         President       Disbursement For: 2014         State:       Disbursement For: 2014         President       Office Sought:         Bank Service Charge       Office Sought:         Purpose of Disbursement       Disbursement For: 2014         President       Other (specify)         Mailing Address P.O. Box 650282       Transaction ID : B543603         Purpose of Disbursement       Office Sought:         Parable       Disbursement For: 2014         Perimary       General         Office Sought:       House         Disbursement       Office (specify)         Purpose of Disbursement       Not Applicable         Full Name (Last, First, Middle Initital)       Transaction ID : B5436																			
Full Name (Last, First, Middle Initial)       Date of Disbursement         A: Comerica Bank       Image: Comerica Bank         Mailing Address P.O. Box 650282       Transaction ID : B540682         City       State         Data of Disbursement       Image: Comerica Bank         Image: Comerica Bank       Image: Comerica Bank         Office Sought:       House         Disbursement For: 2014       President         President       Disbursement For: 2014         Data of Disbursement Bank Service Charge       Oot         Category/ Type       Transaction ID : B543603         Purpose of Disbursement Bank Service Charge       Oot         Category/ Type       Transaction ID : B543603         President       Disbursement For: 2014         Senate       Disbursement For: 2014         President       Other (specify) Image: Comerial         Office Sought:       House         Disbursement       Transaction ID : B540516	$\backslash$								<b></b>										
A. Comerica Bank       Date of Disbursement         Mailing Address P.O. Box 650282       Tx         City       State       Zp Code         Data of Disbursement       Tx         Bark Service Charge       Oot         Candidate Name       Oot         Office Sought:       House         Disbursement       Disbursement For: 2014         State:       Disbursement For: 2014         Diffice Sought:       House         Distreament       Office Sought:         Date of Disbursement       Date of Disbursement         B. Comerica Bank       Date of Disbursement         Mailing Address P.O. Box 650282       Oot         City       State       Zp Code         Purpose of Disbursement       Tx       75265         Purpose of Disbursement       President       Oot         Candidate Name       Oot       Category/ Type       166.94         Office Sought:       House       Disbursement For: 2014       Transaction ID: B543603	$ \rangle$	International Academy of Compoun	nding P	harmacists	PAC	(C	:0	MΡ	PAC	;)									
Mailing Address P.O. Box 650282         City       State       Zip Code         Dallas       TX       75265         Purpose of Disbursement Bank Service Charge       Other (specify)       Mailing Address P.O. Box 650282         Office Sought:       House       Disbursement For: 2014       Category/ Type         State:       Disfrict:       Not Applicable         Full Name (Last, First, Middle Initial)       Date of Disbursement         B. Comerica Bank       Date of Disbursement         Mailing Address P.O. Box 650282       Other (specify)         City       State:       Zip Code         Purpose of Disbursement       TX       75265         Purpose of Disbursement       TX       75265         Purpose of Disbursement       TX       75265         Office Sought:       House       Disbursement For: 2014         State:       Disbursement For: 2014       Amount of Each Disbursement         State:       Disbursement For: 2014       Other (specify)         State:       Disbursement       Not Applicable         Full Name (Last, First, Middle Initial)       Date of Disbursement         C.       Public Affairs Support Services Inc.       Date of Disbursement         Mailing Address 1950 Roland Clarke Place Suite 300	<u>د</u>			Date	of Di	sburse	emei	nt											
Dalas       TX       75265         Purpose of Disbursement Bank Service Charge       001         Cardidate Name       001         Cardidate Name       001         Office Sought:       House         President       Disbursement For: 2014         Primary       General         Primose of Disbursement       TX         Bank Service Charge       001         Candidate Name       01         Category/       12         Office Sought:       House         Disbursement For:       2014         Purpose of Disbursement For:       2014         Primary       General         Preside		Mailing Address P.O. Box 650282																	
Purpose of Disbursement Bank Service Charge       001 Category/ Type/       Amount of Each Disbursement this Period         Office Sought:       House President       Disbursement For: 2014 Primary State:       001 Category/ Type       Amount of Each Disbursement this Period         Full Name (Last, First, Middle Initial)       Date of Disbursement Bank Service Charge       Date of Disbursement 12       Od1         City Datas       Tx       75265       Transaction ID: B543603         Purpose of Disbursement Bank Service Charge       001       Category/ Type       165.94         Office Sought:       House       Disbursement For: 2014       Transaction ID: B543603         Full Name (Last, First, Middle Initial)       Category/ Type       165.94         Office Sought:       House       Disbursement For: 2014       Amount of Each Disbursement this Period         State:       District:       Not Applicable       Date of Disbursement         Full Name (Last, First, Middle Initial)       Date of Disbursement       Transaction ID: B540516         Mailing Address 1950 Roland Clarke Place Suite 300       001 Category/ Type       Transaction ID: B540516         Mailing Address 1950 Roland Clarke Place Suite 200 City Reston       Disbursement For: 2014 President       001 Category/ Type       Taste Disbursement this Period         Office Sought:       House President       Dis		-					Transaction ID : B540682												
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