

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 11 23 2010 through 12 31 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 David G Miller

Signature of Treasurer Electronically Filed by David G Miller Date 01 28 2011

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
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

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	27493.42									
(c) Total Receipts (from Line 19)	100.00	29150.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27593.42	71764.05								
7. Total Disbursements (from Line 31)	1537.54	45708.17								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	26055.88	26055.88								
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

**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:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	100.00	27650.00
(ii) Unitemized	0.00	500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	100.00	28150.00
(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)	100.00	28150.00
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	1000.00
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))	100.00	29150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	100.00	29150.00

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.....	1537.54	13798.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1537.54	13798.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	31500.00
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))..	1537.54	45708.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1537.54	45708.17

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)	100.00	28150.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100.00	28150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1537.54	13798.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1537.54	13798.17

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 8	
	(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"/> 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) Jim Gillespie		Date of Receipt																					
	Mailing Address 2121 Whitesburg Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2		2	2		2	0	1	0														
	City	State	Zip Code		Transaction ID: A2010-3526366																			
	Huntsville	AL	35801																					
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Huntsville Compounding Pharmacy		Occupation Pharmacist		<input type="text" value="100.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		<input type="text" value="1300.00"/>																				

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="100.00"/>

**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)

<p>A. Full Name (Last, First, Middle Initial) Fitts, Roberts & Co PC</p> <p>Mailing Address 5718 Westheimer, Ste 800</p> <p>City Houston State TX Zip Code 77057</p> <p>Purpose of Disbursement Admin expen-TX Franchise Tax Return</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B374743 Date of Disbursement 12 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 417.70</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Paymentech</p> <p>Mailing Address 14221 Dallas Pkwy Bldg Two</p> <p>City Dallas State TX Zip Code 75254</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B374982 Date of Disbursement 11 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 6.65</p> <p>001 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Paymentech</p> <p>Mailing Address 14221 Dallas Pkwy Bldg Two</p> <p>City Dallas State TX Zip Code 75254</p> <p>Purpose of Disbursement Credit Card Processing Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B375904 Date of Disbursement 12 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 6.65</p> <p>001 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

431.00

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)

PAGE 8 / 8

<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)

A.

Full Name (Last, First, Middle Initial)

Public Affairs Support Services Inc.

Mailing Address 1020 North Fairfax St. 5th Floor

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Admin expen-Report prep.

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: VA

District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Not Applicable

Transaction ID: B374742

Date of Disbursement

12 / 10 / 2010

Amount of Each Disbursement this Period

1076.54

SUBTOTAL of Disbursements This Page (optional) ▶

1076.54

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

1507.54