

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) P.O. Box 1365
 Check if different than previously reported. (ACC)
Sugar Land TX 77487

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 (12G)
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 01 01 2007 through 06 30 2007

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 L.D. King
Signature of Treasurer Electronically Filed by L.D. King Date 07 27 2007

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**

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">4986.13</td></tr></table>	4986.13
Y	Y	Y	Y									
2	0	0	7									
4986.13												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="right">4986.13</td></tr></table>	4986.13										
4986.13												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="right">54700.00</td></tr></table>	54700.00	<table border="1" style="width: 100%;"><tr><td align="right">54700.00</td></tr></table>	54700.00								
54700.00												
54700.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="right">59686.13</td></tr></table>	59686.13	<table border="1" style="width: 100%;"><tr><td align="right">59686.13</td></tr></table>	59686.13								
59686.13												
59686.13												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="right">18118.50</td></tr></table>	18118.50	<table border="1" style="width: 100%;"><tr><td align="right">18118.50</td></tr></table>	18118.50								
18118.50												
18118.50												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="right">41567.63</td></tr></table>	41567.63	<table border="1" style="width: 100%;"><tr><td align="right">41567.63</td></tr></table>	41567.63								
41567.63												
41567.63												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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)	53500.00	53500.00
(ii) Unitemized	1200.00	1200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	54700.00	54700.00
(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)	54700.00	54700.00
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))	54700.00	54700.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	54700.00	54700.00

DETAILED SUMMARY PAGE

of Disbursements

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.....	1368.50	1368.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	1368.50	1368.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16750.00	16750.00
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	0.00
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))..	18118.50	18118.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18118.50	18118.50

DETAILED SUMMARY PAGE
of Disbursements

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	54700.00	54700.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54700.00	54700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1368.50	1368.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1368.50	1368.50

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 23
	<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)

Full Name (Last, First, Middle Initial) A. Hank Abbott		Date of Receipt M M / D D / Y Y Y Y Y 03 / 15 / 2007	
Mailing Address 401 Great Plain Avenue		Transaction ID: A2007-837660	
City Needham	State MA	Zip Code 02492	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Bird's Hill Pharmacy Inc.	Occupation R.Ph.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Jeff Ahl		Date of Receipt M M / D D / Y Y Y Y Y 04 / 27 / 2007	
Mailing Address P.O. Box 2090		Transaction ID: A2007-837688	
City Blanchard	State OK	Zip Code 73010	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Blanchard Red Cross Drug Inc.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Lee Atkins		Date of Receipt M M / D D / Y Y Y Y Y 04 / 19 / 2007	
Mailing Address P.O. Box 2720		Transaction ID: A2007-837683	
City Ridgeland	State MS	Zip Code 39158	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Home Care Plus Inc.	Occupation R.Ph.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 23
	(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

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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP-PAC)

Full Name (Last, First, Middle Initial) A. Claude Banks		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 7	
Mailing Address 604 Grove Rd.		Transaction ID: A2007-837674	
City State Zip Code Greenville SC 29605		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Apothecare Compounding Pharmacy		Occupation R.Ph.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Michael Blaire		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 4 / 2 0 0 7	
Mailing Address 7316 East Thomas Road		Transaction ID: A2007-837692	
City State Zip Code Scottsdale AZ 85251		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Diamondback Drugs		Occupation R.Ph.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Gene Bockrath		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 2439 N. Union		Transaction ID: A2007-837684	
City State Zip Code Colorado Springs CO 80909		Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer The Medicine Shoppe		Occupation R.Ph.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional) ▶	10500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 23
	<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)

Full Name (Last, First, Middle Initial) A. Dana Gordon		Date of Receipt M M / D D / Y Y Y Y 03 / 15 / 2007	
Mailing Address 133 15th Street		Transaction ID: A2007-837661	
City State Zip Code Pacific Grove CA 93950	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Central Avenue Pharmacy	Occupation Pharm.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

Full Name (Last, First, Middle Initial) B. Catherine Harrington		Date of Receipt M M / D D / Y Y Y Y 04 / 04 / 2007	
Mailing Address 155 Toney Penna Drive Suite 1B		Transaction ID: A2007-837675	
City State Zip Code Jupiter FL 33458	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Palm Beach Compounding Pharmacy	Occupation Pharm.D.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Robert Harshbarger		Date of Receipt M M / D D / Y Y Y Y 04 / 12 / 2007	
Mailing Address P.O. Box 3563		Transaction ID: A2007-837682	
City State Zip Code Kingsport TN 37664	Amount of Each Receipt this Period 5000.00		
FEC ID number of contributing federal political committee. C			
Name of Employer The Medicine Shoppe	Occupation R.Ph.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

SUBTOTAL of Receipts This Page (optional) ▶	7250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 23
	<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)

Full Name (Last, First, Middle Initial) A. Constance Hegerfeld		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 2 Marsh Court		Transaction ID: A2007-837685	
City State Zip Code Madison WI 53718		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Women's International Pharmacy		Occupation R.Ph.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Thomas Johnsrud		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7	
Mailing Address P.O. Box 640		Transaction ID: A2007-837657	
City State Zip Code Conrad IA 50621		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer NuCara		Occupation Pharmacist / President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Marty Jones		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 7	
Mailing Address 2855 South Fig Street		Transaction ID: A2007-837689	
City State Zip Code Lakewood CO 80228		Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Innovative Developments		Occupation R. Ph. FIACP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 23
	(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

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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP-PAC)

A. Full Name (Last, First, Middle Initial)
Scott Karolchyk

Mailing Address 540 Route 10 West

City State Zip Code
Randolph NJ 07869-1294

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

Name of Employer Pharmacy Creations Occupation R.Ph. FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 23 / 2007

Transaction ID: A2007-837665

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Lawson Kloesel

Mailing Address Information Requested

City State Zip Code
Information Regues UN 00000

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

Name of Employer PCCA Occupation R.Ph. FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2007

Transaction ID: A2007-837672

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Warren Lee

Mailing Address 4300 Grand Avenue

City State Zip Code
Ft. Smith AR 72904

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

Name of Employer Lee Pharmacy Occupation Pharm.D.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
04 / 04 / 2007

Transaction ID: A2007-837676

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	▶	6500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 23
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<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. Full Name (Last, First, Middle Initial)
Bill Mixon

Mailing Address 750 Fourth Street SW

City State Zip Code
Hickory NC 28602

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

Name of Employer Occupation
The Compounding Pharmacy R.Ph. M.S. FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 14 / 2007

Transaction ID: A2007-837693

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Ray Moreno

Mailing Address 6500 W. 4th Avenue Ste. 4

City State Zip Code
Hialeah FL 33012

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

Name of Employer Occupation
Universal Arts Pharmacy R.Ph. FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: A2007-837666

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Gary Newton

Mailing Address 915 Hay Street

City State Zip Code
Fayetteville NC 28305

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

Name of Employer Occupation
Prescription Center Pharmaceutical Chemist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 04 / 2007

Transaction ID: A2007-837679

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)	11000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 23
	<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. Full Name (Last, First, Middle Initial)
David Nicoletti

Mailing Address 6586 East Grant Rd.

City Tucson State AZ Zip Code 85715

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

Name of Employer Prescription Lab Compound- ing Pharmacy Occupation R.Ph. FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: A2007-837667

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Diane Nicoletti

Mailing Address 6586 East Grant Road

City Tucson State AZ Zip Code 85715

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

Name of Employer Prescription Lab Pharmacy Occupation CPhT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: A2007-837668

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Anthony Ortiz

Mailing Address 8416 Kennedy Blvd.

City N. Bergen State NJ Zip Code 07047

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

Name of Employer Atlas Drug & Nutrition Ce- nter Occupation R.Ph.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
05 / 14 / 2007

Transaction ID: A2007-837694

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 23
	<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. Full Name (Last, First, Middle Initial)
Jim Perry

Mailing Address 319 18th Street

City State Zip Code
Rock Island IL 61201

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

Name of Employer District Drugs Occupation R.Ph.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 04 / 2007

Transaction ID: A2007-837680

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Carol Petersen

Mailing Address 2 Marsh Court

City State Zip Code
Madison WI 53718

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

Name of Employer Women's International Pharmacy Occupation R.Ph.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 19 / 2007

Transaction ID: A2007-837686

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Gene Ragazzo

Mailing Address 1 West Broad Street

City State Zip Code
Hopewell NJ 08525

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

Name of Employer Hopewell Pharmacy Occupation R.Ph.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 15 / 2007

Transaction ID: A2007-837662

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 23
	<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. Full Name (Last, First, Middle Initial)
Jerrod Roberts

Mailing Address 2636 Sierra Springs Drive

City State Zip Code
Edmond OK 73003

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

Name of Employer Occupation
North Pointe Pharmacy D.Ph.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: A2007-837669

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
James Rock

Mailing Address 517 C Street NE

City State Zip Code
Washington DC 20002

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

Name of Employer Occupation
Parry Romani Associates Lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: A2007-837670

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Wallace Simons

Mailing Address 12012 North 111th Avenue

City State Zip Code
Youngstown AZ 85363-1339

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

Name of Employer Occupation
Women's International Pharmacy R.Ph.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 / 19 / 2007

Transaction ID: A2007-837687

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1750.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 23
	(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

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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP-PAC)

A. Full Name (Last, First, Middle Initial)
David Sparks

Mailing Address 9901 S. Wilcrest

City State Zip Code
Houston TX 77099

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

Name of Employer Occupation
PCCA R.Ph. FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

Transaction ID: A2007-837659

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Eric Vidrine

Mailing Address 620 Guilbeau Road Suite A

City State Zip Code
Lafayette LA 70506

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

Name of Employer Occupation
Professional Arts Pharmacy P.D. FIACP FACA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: A2007-837671

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	5500.00
TOTAL This Period (last page this line number only)	▶	53500.00

**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 16 / 23

<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. Paymentech		Transaction ID: B180942 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 7
Mailing Address 14221 Dallas Parkway Building Two		Amount of Each Disbursement this Period 125.80
City Dallas State TX Zip Code 75254	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
Category/Type 001		

Full Name (Last, First, Middle Initial) B. Paymentech		Transaction ID: B173611 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 14221 Dallas Parkway Building Two		Amount of Each Disbursement this Period 3.50
City Dallas State TX Zip Code 75254	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
Category/Type 001		

Full Name (Last, First, Middle Initial) C. Paymentech		Transaction ID: B173619 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 7
Mailing Address 14221 Dallas Parkway Building Two		Amount of Each Disbursement this Period 164.85
City Dallas State TX Zip Code 75254	Purpose of Disbursement Credit Card Processing Fee Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:		Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable
Category/Type 001		

SUBTOTAL of Disbursements This Page (optional) ▶	294.15
TOTAL This Period (last page this line number only) ▶	(Empty box)

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 17 / 23

<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. Paymentech		Transaction ID: B173610 Date of Disbursement MM / DD / YYYY 03 / 31 / 2007	
Mailing Address 14221 Dallas Parkway Building Two		Amount of Each Disbursement this Period 3.50	
City Dallas State TX Zip Code 75254	Purpose of Disbursement Credit Card Processing Fee Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) B. Paymentech		Transaction ID: B173621 Date of Disbursement MM / DD / YYYY 05 / 03 / 2007	
Mailing Address 14221 Dallas Parkway Building Two		Amount of Each Disbursement this Period 778.50	
City Dallas State TX Zip Code 75254	Purpose of Disbursement Credit Card Processing Fee Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

Full Name (Last, First, Middle Initial) C. Paymentech		Transaction ID: B180946 Date of Disbursement MM / DD / YYYY 06 / 05 / 2007	
Mailing Address 14221 Dallas Parkway Building Two		Amount of Each Disbursement this Period 177.85	
City Dallas State TX Zip Code 75254	Purpose of Disbursement Credit Card Processing Fee Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: US District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable		

SUBTOTAL of Disbursements This Page (optional) ▶	959.85
TOTAL This Period (last page this line number only) ▶	1254.00

**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 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

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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP-PAC)

Full Name (Last, First, Middle Initial) A. Citizens for Harkin		Transaction ID: B173607 Date of Disbursement 01 / 04 / 2007
Mailing Address P O Box 811		Amount of Each Disbursement this Period 2100.00
City Des Moines	State IA	
Zip Code 50304	Purpose of Disbursement P-2008 U.S. Senate IA	
Candidate Name Tom Harkin	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District:	

Full Name (Last, First, Middle Initial) B. Citizens for Harkin		Transaction ID: B173608 Date of Disbursement 01 / 05 / 2007
Mailing Address P O Box 811		Amount of Each Disbursement this Period 1150.00
City Des Moines	State IA	
Zip Code 50304	Purpose of Disbursement G-2008 U.S. Senate IA	
Candidate Name Tom Harkin	Category/Type 011	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IA	District:	

Full Name (Last, First, Middle Initial) C. Renzi for Congress		Transaction ID: B173609 Date of Disbursement 02 / 15 / 2007
Mailing Address P.O. Box 2383		Amount of Each Disbursement this Period 500.00
City Prescott	State AZ	
Zip Code 86302	Purpose of Disbursement P-2008 U.S. House 01 AZ	
Candidate Name Richard Renzi	Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ	District: 01	

SUBTOTAL of Disbursements This Page (optional)	3750.00
TOTAL This Period (last page this line number only)	(Empty box)

**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 19 / 23

<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

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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP-PAC)

Full Name (Last, First, Middle Initial) A. Mike Ross for Congress		Transaction ID: B173612 Date of Disbursement 03 / 06 / 2007	
Mailing Address P.O. Box 360		Amount of Each Disbursement this Period 1000.00	
City Prescott	State AR		Zip Code 71857
Purpose of Disbursement P-2008 U.S. House 04 AR			011 Category/ Type
Candidate Name Mike Ross			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: AR District: 04			

Full Name (Last, First, Middle Initial) B. Friends of Lois Capps		Transaction ID: B173613 Date of Disbursement 03 / 20 / 2007	
Mailing Address P.O. Box 23940		Amount of Each Disbursement this Period 1000.00	
City Santa Barbara	State CA		Zip Code 93121
Purpose of Disbursement P-2008 U.S. House 23 CA			011 Category/ Type
Candidate Name Lois Capps			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CA District: 23			

Full Name (Last, First, Middle Initial) C. Jim Matheson for Congress		Transaction ID: B173614 Date of Disbursement 03 / 20 / 2007	
Mailing Address P.O. Box 521048		Amount of Each Disbursement this Period 1000.00	
City Salt Lake City	State UT		Zip Code 84152
Purpose of Disbursement P-2008 U.S. House 02 UT			011 Category/ Type
Candidate Name Jim Matheson			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: UT District: 02			

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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"/> 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. Marion Berry for Congress		Transaction ID: B173615 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 8084		Amount of Each Disbursement this Period 1000.00
City Jonesboro State AR Zip Code 72403	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 01 AR		
Candidate Name Marion Berry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Mary Bono Cmte		Transaction ID: B173616 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 1000.00
City Palm Springs State CA Zip Code 92263	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 45 CA		
Candidate Name Mary Whitaker Bono		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Anna Eshoo for Congress		Transaction ID: B173617 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7
Mailing Address 555 Bryant Street PMB 335		Amount of Each Disbursement this Period 1000.00
City Palo Alto State CA Zip Code 94301	011 Category/ Type	
Purpose of Disbursement P-2008 U.S. House 14 CA		
Candidate Name Anna Eshoo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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"/> 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. Berry for Congress		Transaction ID: B173622 Date of Disbursement 05 / 09 / 2007	
Mailing Address P.O. Box 8084		Amount of Each Disbursement this Period 1000.00	
City Jonesboro State AR Zip Code 72403	Purpose of Disbursement P-2008 U.S. House 01 AR Candidate Name Marion Berry Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) B. Collins for Senator		Transaction ID: B173623 Date of Disbursement 05 / 09 / 2007	
Mailing Address P.O. Box 1096		Amount of Each Disbursement this Period 1000.00	
City Bangor State ME Zip Code 04402	Purpose of Disbursement P-2008 U.S. Senate ME Candidate Name Susan M Collins Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

Full Name (Last, First, Middle Initial) C. Texans for Senator John Cornyn		Transaction ID: B173624 Date of Disbursement 05 / 09 / 2007	
Mailing Address 16714 Fitzhugh Road		Amount of Each Disbursement this Period 1000.00	
City Dripping Springs State TX Zip Code 78620	Purpose of Disbursement P-2008 U.S. Senate TX Candidate Name John Cornyn Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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"/> 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. John Shadegg's Friends		Transaction ID: B173625 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address P.O. Box 45444		Amount of Each Disbursement this Period 1000.00
City Phoenix	State AZ	
Zip Code 85064		
Purpose of Disbursement P-2008 U.S. House 03 AZ Candidate Name John B Shadegg Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mark Pryor for U.S. Senate		Transaction ID: B173706 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 420 C Street NE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20002		
Purpose of Disbursement G-2008 U.S. Senate AR Candidate Name Mark Pryor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends of Lois Capps		Transaction ID: B173844 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 7
Mailing Address PO Box 23940		Amount of Each Disbursement this Period 1000.00
City Santa Barbara	State CA	
Zip Code 93121		
Purpose of Disbursement G-2008 U.S. House 23 CA Candidate Name Lois Capps Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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 23 / 23

<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

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NAME OF COMMITTEE (In Full)
International Academy of Compounding Pharmacists PAC (COMP-PAC)

Full Name (Last, First, Middle Initial) A. Mary Bono Committee		Transaction ID: B174780 Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2007	
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 1000.00	
City Palm Spring	State CA	Zip Code 92263	011 Category/ Type
Purpose of Disbursement G-2008 U.S. House 45 CA			
Candidate Name Mary Whitaker Bono		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 45		

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

16750.00