

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 (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, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 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 01 22 2008

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**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

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		4986.13
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	41567.63									
(c) Total Receipts (from Line 19) .....	18700.00	73400.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	60267.63	78386.13								
7. Total Disbursements (from Line 31) .....	14244.44	32362.94								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	46023.19	46023.19								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

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	18600.00	72100.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	100.00	1300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18700.00	73400.00
(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) .....	18700.00	73400.00
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)) .....	18700.00	73400.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18700.00	73400.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	494.44	1862.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	494.44	1862.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12500.00	29250.00
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 .....	1250.00	1250.00
(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)) .....	1250.00	1250.00
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))..	14244.44	32362.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14244.44	32362.94

**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 .....	18700.00	73400.00
34. Total Contribution Refunds (from Line 28(d)) .....	1250.00	1250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17450.00	72150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	494.44	1862.94
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	494.44	1862.94

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
Harvey Ahl

Mailing Address 348 Millbrook

City State Zip Code  
Norman OK 73072

FEC ID number of contributing federal political committee. C

Name of Employer  
Blanchard Red Cross Drug Inc.

Occupation  
D.Ph. FIACP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
08 / 24 / 2007

**Transaction ID:** A2007-1572716

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Vern Allen

Mailing Address 8269 Commerical Way

City State Zip Code  
Weeki Wachee FL 34613

FEC ID number of contributing federal political committee. C

Name of Employer  
Premier Pharmacy Labs

Occupation  
President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 14 / 2007

**Transaction ID:** A2007-2185303

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Derick Anderson

Mailing Address 209 Route 101

City State Zip Code  
Bedord NH 03110

FEC ID number of contributing federal political committee. C

Name of Employer  
Bedford Pharmacy

Occupation  
Pharm.D.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
08 / 24 / 2007

**Transaction ID:** A2007-1573463

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 33  
(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 (COMP PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pat Baloga</p> <p>Mailing Address 300 W. Pine Street</p> <p>City State Zip Code Blacksburg SC 29702</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Medi-Fare Drug &amp; Home Health Center Occupation Pharm.D.</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 24 / 2007</span></p> <p><b>Transaction ID:</b> A2007-1573464</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Jake Beckel</p> <p>Mailing Address 5710 Hoover Blvd.</p> <p>City State Zip Code Tampa FL 33634</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Anazao Health Corp. Occupation R.Ph. FIACP</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 20 / 2007</span></p> <p><b>Transaction ID:</b> A2007-1573468</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Blaire</p> <p>Mailing Address 7316 East Thomas Road</p> <p>City State Zip Code Scottsdale AZ 85251</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Diamondback Drugs Occupation R.Ph.</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">08 / 24 / 2007</span></p> <p><b>Transaction ID:</b> A2007-1573452</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Eric Brennan

Mailing Address 146 High Street

City State Zip Code  
Newburyport MA 01950-3938

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

Name of Employer Occupation  
The Preble Group Principal M.S.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2007

**Transaction ID:** A2007-1573460

Amount of Each Receipt this Period  
250.00

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

Mailing Address 146 High Street

City State Zip Code  
Newburyport MA 01950-3938

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

Name of Employer Occupation  
The Preble Group Principal M.S.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
12 / 05 / 2007

**Transaction ID:** A2007-2319309

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ben Briggs

Mailing Address 309 Gordon Drive

City State Zip Code  
Exton PA 19341

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

Name of Employer Occupation  
Lionville Natural Pharmacy R.Ph.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2007

**Transaction ID:** A2007-1573458

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 33
	<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 (COMP PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Chris Burgess	Date of Receipt MM / DD / YYYY 08 / 24 / 2007
	Mailing Address 322 N. Ingleside Street	<b>Transaction ID:</b> A2007-1573453
	City State Zip Code Fairhope AL 36532	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Heritage Compounding Pharmacy R.Ph. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Leon Claywell	Date of Receipt MM / DD / YYYY 08 / 24 / 2007
	Mailing Address 202 W. Stephen Foster Avenue	<b>Transaction ID:</b> A2007-1573462
	City State Zip Code Bardstown KY 40004	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Medica Pharmacy R.Ph. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Karl Clearwaters	Date of Receipt MM / DD / YYYY 07 / 23 / 2007
	Mailing Address 2317 W. Jefferson St	<b>Transaction ID:</b> A2007-1158276
	City State Zip Code Kokomo IN 46901	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Herbst Apothecary R.Ph. Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Elliott Colasanto

Mailing Address 340 North Main Street

City State Zip Code  
Southington CT 06489

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

Name of Employer Occupation  
Beacon Prescriptions R.Ph.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2007

**Transaction ID:** A2007-1573469

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dan Volney

Mailing Address 5920 S. General Bruce Dr.

City State Zip Code  
Temple TX 76502

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

Name of Employer Occupation  
Unique Pharmaceuticals Lt-d. R.Ph.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2007

**Transaction ID:** A2007-1573474

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary E Diver

Mailing Address 185 West End Ave. APT 4H

City State Zip Code  
New York NY 10023

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

Name of Employer Occupation  
NY Presby Wheill Cornell Med Cntr Certified RN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 23 / 2007

**Transaction ID:** A2007-1158275

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Paul Franck

Mailing Address 202 SW 17th St. Rm. 202B

City Ocala State FL Zip Code 34474-5138

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

Name of Employer Franck's Pharmacy & Homecare Occupation R.Ph. FIACP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 24 / 2007  
**Transaction ID: A2007-1573470**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Larry Frieders

Mailing Address 340 Marshall Unit 100

City Aurora State IL Zip Code 60506-5649

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

Name of Employer The Compounder Occupation R.Ph.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 23 / 2007  
**Transaction ID: A2007-1158273**  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Jim Gillespie

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 R.Ph.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 08 / 24 / 2007  
**Transaction ID: A2007-1573450**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 33  
(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 (COMP PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Jim Gillespie

Mailing Address 2121 Whitesburg Drive

City State Zip Code  
Huntsville AL 35801

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

Name of Employer  
Huntsville Compounding Pharmacy

Occupation  
R.Ph.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2007

**Transaction ID:** A2007-1573476

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jim Gillespie

Mailing Address 2121 Whitesburg Drive

City State Zip Code  
Huntsville AL 35801

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

Name of Employer  
Huntsville Compounding Pharmacy

Occupation  
R.Ph.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2007

**Transaction ID:** A2007-1847723

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Jim Gillespie

Mailing Address 2121 Whitesburg Drive

City State Zip Code  
Huntsville AL 35801

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

Name of Employer  
Huntsville Compounding Pharmacy

Occupation  
R.Ph.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
MM / DD / YYYY  
12 / 05 / 2007

**Transaction ID:** A2007-2319310

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 33  
(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 (COMP PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Jim Gillespie

Mailing Address 2121 Whitesburg Drive

City State Zip Code  
Huntsville AL 35801

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

Name of Employer  
Huntsville Compounding Pharmacy

Occupation  
R.Ph.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
12 / 17 / 2007

**Transaction ID:** A2007-2427916

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Eddie Glover

Mailing Address 2515 College Avenue

City State Zip Code  
Conway AR 72034

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

Name of Employer  
US Compounding Inc.

Occupation  
R.Ph.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
09 / 19 / 2007

**Transaction ID:** A2007-1573457

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Eddie Glover

Mailing Address 2515 College Avenue

City State Zip Code  
Conway AR 72034

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

Name of Employer  
US Compounding Inc.

Occupation  
R.Ph.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2007

**Transaction ID:** A2007-1879160

Amount of Each Receipt this Period  
300.00

**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: PAGE 14 / 33

(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 (COMP PAC)

**A.**

Full Name (Last, First, Middle Initial)  
Dana Gordon

Mailing Address 133 15th Street

City State Zip Code  
Pacific Grove CA 93950

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

Name of Employer Occupation  
Central Avenue Pharmacy Pharm.D.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 0 7

Transaction ID: A2007-1576001

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Gene Gresh

Mailing Address 520 Hartford Turnpike Unit D

City State Zip Code  
Vernon CT 06066

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

Name of Employer Occupation  
Pioneer Health Compounding Pharmacy R.Ph.FIACP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1573465

Amount of Each Receipt this Period

250.00

**C.**

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

Mailing Address 20214 Braidwood #140

City State Zip Code  
Katy TX 77450

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

Name of Employer Occupation  
Hotze Health & Wellness Center M.D.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 4 / 2 0 0 7

Transaction ID: A2007-2185302

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1000.00

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Bob Hoye

Mailing Address 4330 South Manhattan Ave.

City Tampa State FL Zip Code 33611

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

Name of Employer: Pharmaceutical Specialties Occupation: R.Ph. FIACP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 24 / 2007  
Transaction ID: A2007-1573454  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Bill Johns

Mailing Address P.O. Box 771797

City Memphis State TN Zip Code 38117-1797

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

Name of Employer: Peoples Custom RX Occupation: R. Ph. FIACP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 24 / 2007  
Transaction ID: A2007-1572711  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 651 Topeka Way Suite 600

City Castle Rock State CO Zip Code 80109

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

Name of Employer: ITC Compounding Pharmacy Occupation: R.Ph.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 24 / 2007  
Transaction ID: A2007-1573449  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 33

(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 (COMP PAC)

**A.**

Full Name (Last, First, Middle Initial)

John Lassiter

Mailing Address 3252 S.E. 29th Street

City State Zip Code  
Del City OK 73115

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

Name of Employer Occupation  
Lassiter Drug R.Ph.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 0 7

Transaction ID: A2007-1195603

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mike Leake

Mailing Address P.O. Box 726

City State Zip Code  
Danville KY 40423-0726

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

Name of Employer Occupation  
Louisville Pharmacy 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  
0 7 / 0 5 / 2 0 0 7

Transaction ID: A2007-1048596

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Bill Letendre

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-Pharmacy Mangement Department M.S. Pharm. MBA FIACP

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1573472

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 / 33
	(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 (COMP PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Marks		Date of Receipt
	Mailing Address 806 Red Stable Way		<input type="text" value="08"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Oak Brook	IL	60523
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Martin Avenue Pharmacy		Occupation R.Ph. FIACP	<b>Transaction ID:</b> A2007-1330715
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) J.L. Dell McCarley		Date of Receipt
	Mailing Address 7524 Cantrell Rd		<input type="text" value="11"/> / <input type="text" value="14"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Little Rock	AR	72207
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Cantrell Drug Company		Occupation R.Ph.	<b>Transaction ID:</b> A2007-2185301
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	<input type="text" value="250.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Mike McMahan		Date of Receipt
	Mailing Address P.O. Box 389		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2007"/>
	City	State	Zip Code
	Goldthwaite	TX	76844
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer McMahan Pharmacy		Occupation R.Ph.	<b>Transaction ID:</b> A2007-1573455
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1750.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 33

(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 (COMP PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Emmett McVey		Date of Receipt MM / DD / YYYY 08 / 24 / 2007		
	Mailing Address 639 Stokes Road		<b>Transaction ID:</b> A2007-1572712		
	City Medford	State NJ	Zip Code 08055	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Stokes Pharmacy	Occupation R.Ph.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) David Nicoletti		Date of Receipt MM / DD / YYYY 08 / 24 / 2007		
	Mailing Address 6586 East Grant Rd.		<b>Transaction ID:</b> A2007-1573451		
	City Tucson	State AZ	Zip Code 85715	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Prescription Lab Compound- ing Pharmacy	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			

<b>C.</b>	Full Name (Last, First, Middle Initial) Jim Paoletti		Date of Receipt MM / DD / YYYY 09 / 06 / 2007		
	Mailing Address 8605 SW Creekside Place		<b>Transaction ID:</b> A2007-1573461		
	City Beaverton	State OR	Zip Code 97008	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer ZRT Laboratory	Occupation R.Ph. FIACP			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 33  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Potter

Mailing Address 4087 Medina Road Suite 200

City State Zip Code  
Medina OH 44256

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

Name of Employer Occupation  
Clinical Apothecaries R.Ph.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2007

**Transaction ID:** A2007-1572714

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Dana Reed-Kane

Mailing Address 2729 E. Speedway

City State Zip Code  
Tucson AZ 85716

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

Name of Employer Occupation  
Reed's Compounding Pharmacy Pharm.D. FACA FIACP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2007

**Transaction ID:** A2007-1879161

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Kent Richardson

Mailing Address 3510 N. Ridge Rd. Suite 900

City State Zip Code  
Wichita KS 67205

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

Name of Employer Occupation  
Richardson's Custom Rx Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2007

**Transaction ID:** A2007-1572713

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 33  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 262 Cottage Street Suite 116

City Littleton State NH Zip Code 03561

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

Name of Employer Northern New England Compounding Pharma Occupation R.Ph.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 10 / 2007  
**Transaction ID: A2007-1573456**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Shara Rudner

Mailing Address 349 Somerset Street

City North Plainfield State NJ Zip Code 07060

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

Name of Employer Belvidere Pharmacy Occupation R.Ph. FIACP

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2007  
**Transaction ID: A2007-1158274**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Chris Schulte

Mailing Address 1108-D Airport Blvd.

City Pensacola State FL Zip Code 32504

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

Name of Employer Pensacola Apothecary Occupation R.Ph.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 21 / 2007  
**Transaction ID: A2007-1578282**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 33  
(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 (COMP PAC)

**A.**

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

Mailing Address 610 E. Romie Lane #1

City State Zip Code  
Salinas CA 93901

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

Name of Employer Occupation  
A & O Clinic Pharmacy R.Ph.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2007

**Transaction ID:** A2007-1573475

Amount of Each Receipt this Period  
1000.00

**B.**

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

Mailing Address 66 West Ave

City State Zip Code  
Canandaigua NY 14424

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

Name of Employer Occupation  
The Medicine Shoppe R.Ph. FIACP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2007

**Transaction ID:** A2007-1573471

Amount of Each Receipt this Period  
250.00

**C.**

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 ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2007

**Transaction ID:** A2007-1879162

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 33

(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 (COMP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Irene White

Mailing Address P.O. Box 19486

City State Zip Code  
Reno NV 89511

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

Name of Employer Occupation  
Triad Consulting Pharmacist R.Ph. FIACP DNM

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1573467

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Joe Wise

Mailing Address 6179 S. Balsam Way #150

City State Zip Code  
Littleton CO 80123

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

Name of Employer Occupation  
Wise Pharmacy R.Ph.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1572715

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dana Woods

Mailing Address P.O. Box 1229

City State Zip Code  
Mountain View AR 72560

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

Name of Employer Occupation  
Woods Pharmacy R.Ph.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 7

Transaction ID: A2007-1573473

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 33	
	(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

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

**A.**

Full Name (Last, First, Middle Initial) Douglas Yoch		Date of Receipt	
Mailing Address 3330 Monroe Road Suite A		M M / D D / Y Y Y Y 08 / 24 / 2007	
City	State	Zip Code	<b>Transaction ID:</b> A2007-1573466
Charlotte	NC	28205	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00	
Name of Employer Stanley Apothecary		Occupation Pharm.D.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	18600.00

**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 24 / 33

<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

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 (COMP PAC)

A.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: B182904 Date of Disbursement 07 / 03 / 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	001 Category/ Type
	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

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B203084 Date of Disbursement 09 / 01 / 2007
	Mailing Address PO Box 83852	Amount of Each Disbursement this Period 4.50
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Credit Card Processing Fee	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B195642 Date of Disbursement 09 / 03 / 2007
	Mailing Address PO Box 83852	Amount of Each Disbursement this Period 113.75
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Credit Card Processing Fee	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	121.75
<b>TOTAL</b> 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)

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<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 (COMP PAC)

A.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: B195643 Date of Disbursement 09 / 03 / 2007
	Mailing Address 14221 Dallas Parkway Building Two	Amount of Each Disbursement this Period 215.30
	City Dallas State TX Zip Code 75254	
	Purpose of Disbursement Credit Card Processing Fee	001 Category/ Type
	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

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B204626 Date of Disbursement 10 / 02 / 2007
	Mailing Address PO Box 83852	Amount of Each Disbursement this Period 4.50
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Credit Card Processing Fee	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: B204627 Date of Disbursement 10 / 03 / 2007
	Mailing Address 14221 Dallas Pkwy Bldg Two	Amount of Each Disbursement this Period 34.30
	City Dallas State TX Zip Code 75254	
	Purpose of Disbursement Credit Card Processing Fee	001 Category/ Type
	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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	254.10
<b>TOTAL</b> 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 26 / 33

<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 (COMP PAC)

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B205246 Date of Disbursement 10 / 05 / 2007
	Mailing Address PO Box 83852	Amount of Each Disbursement this Period 24.38
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Credit Card Processing Fee	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B206316 Date of Disbursement 11 / 01 / 2007
	Mailing Address PO Box 83852	Amount of Each Disbursement this Period 4.50
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Credit Card Processing Fee	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B206317 Date of Disbursement 11 / 05 / 2007
	Mailing Address PO Box 83852	Amount of Each Disbursement this Period 16.25
	City Phoenix State AZ Zip Code 85072	
	Purpose of Disbursement Credit Card Processing Fee	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	45.13
<b>TOTAL</b> 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 27 / 33

<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 (COMP PAC)

A.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: B206319
	Mailing Address 14221 Dallas Pkwy Bldg Two	Date of Disbursement MM / DD / YYYY 11 / 05 / 2007
	City Dallas State TX Zip Code 75254	Amount of Each Disbursement this Period 6.52
	Purpose of Disbursement Credit Card Processing Fee	001 Category/ Type
	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

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B207494
	Mailing Address PO Box 83852	Date of Disbursement MM / DD / YYYY 12 / 03 / 2007
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period 4.50
	Purpose of Disbursement Credit Card Processing Fee	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable

C.	Full Name (Last, First, Middle Initial) Paymentech	Transaction ID: B207493
	Mailing Address 14221 Dallas Pkwy Bldg Two	Date of Disbursement MM / DD / YYYY 12 / 04 / 2007
	City Dallas State TX Zip Code 75254	Amount of Each Disbursement this Period 34.56
	Purpose of Disbursement Credit Card Processing Fee	001 Category/ Type
	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

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

45.58

**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)

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<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 (COMP PAC)

A.	Full Name (Last, First, Middle Initial) American Express		Transaction ID: B207495	
	Mailing Address PO Box 83852		Date of Disbursement 12 / 05 / 2007	
	City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 24.38
	Purpose of Disbursement Credit Card Processing Fee		001	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
	State: TX	District: Not Applicable		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	24.38
<b>TOTAL</b> This Period (last page this line number only) .....	▶	490.94

**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 (COMP PAC)

A.	Full Name (Last, First, Middle Initial) Ralph Hall for Congress	Transaction ID: B180939 Date of Disbursement 07 / 23 / 2007
	Mailing Address 310 East Capitol Street NE Suite A	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name Ralph M Hall	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Darlene Hooley for Congress	Transaction ID: B180938 Date of Disbursement 07 / 23 / 2007
	Mailing Address 430 South Capitol Street SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contribution Candidate Name Darlene Hooley	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Marion Berry for Congress	Transaction ID: B181559 Date of Disbursement 08 / 01 / 2007
	Mailing Address 236 Massachusetts Ave. NE Suite 50	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contribution Candidate Name Marion Berry	011 Category/Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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 (COMP PAC)

A.	Full Name (Last, First, Middle Initial) Tammy Baldwin for Congress	Transaction ID: B181613 Date of Disbursement 08 / 03 / 2007
	Mailing Address P.O. Box 696	
	City Madison State WI Zip Code 53701	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name Tammy Baldwin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Burgess for Congress	Transaction ID: B194867 Date of Disbursement 09 / 19 / 2007
	Mailing Address 217 Third St. SE	
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Michael C. Burgess Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Courtney for Congress	Transaction ID: B194869 Date of Disbursement 09 / 19 / 2007
	Mailing Address 301 4th Street NE Suite 202	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name Joseph Courtney Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	011 Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> 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 (COMP PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Team Emerson for Jo Ann Emerson</p> <p>Mailing Address PO Box 822</p> <p>City Cape Girardeau State MO Zip Code 63702</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Jo Ann H Emerson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MO District: 08</p>	<p><b>Transaction ID:</b> B194870 <b>Date of Disbursement:</b> 09 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign</p> <p>Mailing Address PO Box 16128</p> <p>City Houston State TX Zip Code 77222</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Raymond Gene Green</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 29</p>	<p><b>Transaction ID:</b> B194871 <b>Date of Disbursement:</b> 09 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mike Ross for Congress</p> <p>Mailing Address P.O. Box 360</p> <p>City Prescott State AR Zip Code 71857</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Mike Ross</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AR District: 04</p>	<p><b>Transaction ID:</b> B194879 <b>Date of Disbursement:</b> 09 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**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 (COMP PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Bennett Election Committee Inc.  Mailing Address 175 SW Temple Suite 650  City Salt Lake City State UT Zip Code 84101  Purpose of Disbursement Contribution Candidate Name Robert F Bennett Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District:	<b>Transaction ID:</b> B204271 <b>Date of Disbursement</b> 11 / 13 / 2007  Amount of Each Disbursement this Period 1000.00  011 Category/Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) Coburn for Senate 2010  Mailing Address P.O. Box 977  City Muskogee State OK Zip Code 74402  Purpose of Disbursement Contribution Candidate Name Tom Coburn Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District:	<b>Transaction ID:</b> B204530 <b>Date of Disbursement</b> 11 / 16 / 2007  Amount of Each Disbursement this Period 1000.00  011 Category/Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) Pallone for Congress  Mailing Address P.O. Box 3176  City Long Branch State NJ Zip Code 07740  Purpose of Disbursement Contribution Candidate Name Frank Pallone, Jr. Office Sought: <input checked="" type="checkbox"/> House <input 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: NJ District: 06	<b>Transaction ID:</b> B204533 <b>Date of Disbursement</b> 11 / 16 / 2007  Amount of Each Disbursement this Period 1000.00  011 Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	12500.00



**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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 (COMP PAC)

A.

Full Name (Last, First, Middle Initial)

Mike McMahan

Mailing Address 1503 West Front St

City State Zip Code  
Goldthwaite TX 76844

Purpose of Disbursement  
Member Refund

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: TX District:

Not Applicable

Transaction ID: B204628

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Eric L Brennan

Mailing Address 146 High Street

City State Zip Code  
Newbury Port MA 01950

Purpose of Disbursement  
Member Refund

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2007  
 Primary  General  
 Other (specify) ▼

State: MA District:

Not Applicable

Transaction ID: B205247

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

750.00

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

1250.00

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

1250.00