



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Alliance for Pharmacy Compounding PAC (COMP PAC)**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2022"/>  |                         | 54653.73                          |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 51069.73                |                                   |
| (c) Total Receipts (from Line 19) .....  | 2304.00                 | 54420.00                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 53373.73                | 109073.73                         |
| 7. Total Disbursements (from Line 31).....   | 19450.00                | 75150.00                          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 33923.73                | 33923.73                          |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

**Alliance for Pharmacy Compounding PAC (COMP PAC)**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 2194.00                       | 52015.00                          |
| (ii) Unitemized .....   | 110.00                        | 2405.00                           |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 2304.00                       | 54420.00                          |
| (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) .....  | 2304.00                       | 54420.00                          |
| 12. Transfers From Affiliated/Other Party Committees.....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 2304.00                       | 54420.00                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 2304.00                       | 54420.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 1950.00                       | 2950.00                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 1950.00                       | 2950.00                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 17500.00                      | 68500.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....                                 | 0.00                          | 3700.00                           |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 19450.00                      | 75150.00                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 19450.00                      | 75150.00                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 2304.00                               | 54420.00                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 2304.00                               | 54420.00                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 1950.00                               | 2950.00                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 1950.00                               | 2950.00                                   |

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 6 OF 16  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A. Blaire, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10921 North 140 Way

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Scottsdale | State<br>AZ | Zip Code<br>85259-4615 |
|--------------------|-------------|------------------------|

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

|   |                                    |
|---|------------------------------------|
| Name of Employer (for Individual)<br>Wedgewood Pharmacy | Occupation (for Individual)<br>RPh |
|---|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 15    | / | 2022        |

**Transaction ID : A-15860**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Bliss, Marcy, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 405 Heron Dr

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Swedesboro | State<br>NJ | Zip Code<br>08085-1749 |
|--------------------|-------------|------------------------|

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

|   |                                    |
|---|------------------------------------|
| Name of Employer (for Individual)<br>Wedgewood Pharmacy | Occupation (for Individual)<br>CEO |
|---|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 15    | / | 2022        |

**Transaction ID : A-15861**

Amount of Each Receipt this Period  
200.00

Memo Item

**C. Davis, Tenille, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7331 E Osborne Rd

|                    |             |                        |
|--------------------|-------------|------------------------|
| City<br>Scottsdale | State<br>AZ | Zip Code<br>85251-6450 |
|--------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Civic Center Pharmacy | Occupation (for Individual)<br>Pharmacist |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1045.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 15    | / | 2022        |

**Transaction ID : A-15863**

Amount of Each Receipt this Period  
209.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 509.00 |
| <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: (check only one) | PAGE 7 OF 16  |
| <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)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A. Eubanks, Gerald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1401 S Gaylord St  
 City Denver State CO Zip Code 80210-2340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Accreditation Partners Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 06 / 15 / 2022  
**Transaction ID : A-15864**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Garvin, Cheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Old English Court SW  
 City Leesburg State VA Zip Code 20175-2900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leesburg Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 06 / 15 / 2022  
**Transaction ID : A-15865**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Gustafson, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2606 Northeast Broadway Ste 8  
 City Portland State OR Zip Code 97232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lloyd Central Compounding Pharmacy Occupation (for Individual) Technician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 06 / 15 / 2022  
**Transaction ID : A-15866**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 550.00 |
| <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: (check only one) | PAGE 8 OF 16  |
| <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)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A. Hrcir, Jim, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4835 N. O'Connor Road #130

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Irving | State<br>TX | Zip Code<br>75062-2741 |
|----------------|-------------|------------------------|

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

|   |                                    |
|---|------------------------------------|
| Name of Employer (for Individual)<br>Las Colinas Pharmacy | Occupation (for Individual)<br>RPh |
|---|------------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 15    | / | 2022        |

**Transaction ID : A-15867**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Isbell, Ginny, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 131 Silo Hill Road

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Madison | State<br>AL | Zip Code<br>35758-6116 |
|-----------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Madison Drug | Occupation (for Individual)<br>Pharmacist |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 15    | / | 2022        |

**Transaction ID : A-15868**

Amount of Each Receipt this Period  
50.00

Memo Item

**C. Jerusik, Jason, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 223 Ballgomingo Road

|                      |             |                        |
|----------------------|-------------|------------------------|
| City<br>Conshohocken | State<br>PA | Zip Code<br>19428-2605 |
|----------------------|-------------|------------------------|

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

|  |   |
|--|---|
| Name of Employer (for Individual)<br>Advanced Rx | Occupation (for Individual)<br>Pharmacist |
|--|---|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06    | / | 15    | / | 2022        |

**Transaction ID : A-15869**

Amount of Each Receipt this Period  
230.00

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 330.00 |
| <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: (check only one) | PAGE 9 OF 16  |
| <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)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A. Kraemer, Cheri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 45458 269th Street  
 City Parker State SD Zip Code 57053-5244  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pharmacy Specialties & Clinic Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 15 / 2022  
**Transaction ID : A-15870**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Merenstein, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4227 Murray Avenue  
 City Pittsburgh State PA Zip Code 15217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Murray Avenue Apothecary Occupation (for Individual) Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 15 / 2022  
**Transaction ID : A-15874**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Miller, David, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4021 Cascade Road, SE  
 City Grand Rapids State MI Zip Code 49546-2177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Keystone Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 06 / 15 / 2022  
**Transaction ID : A-15871**  
 Amount of Each Receipt this Period 105.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 455.00 |
| <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: (check only one) | PAGE 10 OF 16   |
| <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)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A. Navarra, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 415 Crossways Park Dr  
 City Woodbury State NY Zip Code 11797-2055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Town Total Compounding Center Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 06 / 15 / 2022  
**Transaction ID : A-15872**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Pytlarz, Alexander, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 330 3rd Street S  
 City St Petersburg State FL Zip Code 33701-4251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Infuserve America Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 06 / 15 / 2022  
**Transaction ID : A-15873**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Smith, Donald, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 802 E. Medical Court  
 City Post Falls State ID Zip Code 83854-7298  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Medicine Man West Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 15 / 2022  
**Transaction ID : A-15877**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 300.00 |
| <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:<br>(check only one)    | PAGE 11 OF 16                |
| <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)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Thompson, Tara, , ,

Mailing Address 1758 Rosehedge Way NW

|                  |             |                        |
|------------------|-------------|------------------------|
| City<br>Kennesaw | State<br>GA | Zip Code<br>30152-7756 |
|------------------|-------------|------------------------|

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

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Innovation Compounding | Occupation (for Individual)<br>Pharmacist |
|---|---|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06  |   | 15  |   | 2022    |

**Transaction ID : A-15878**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 50.00   |
| <b>TOTAL</b> This Period (last page this line number only)..... | 2194.00 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 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)

**Alliance for Pharmacy Compounding PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. Ballard Spahr LLP**

Mailing Address 1909 K Street Northwest  
12th Floor

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
PAC Management

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 4 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C [ ]

**Transaction ID : B-15856**

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ballard Spahr LLP**

Mailing Address 1909 K Street Northwest  
12th Floor

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
PAC Management

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 1 |   | 2 | 0 | 2 | 2 |

FEC Identification Number

C [ ]

**Transaction ID : B-15859**

Amount of Each Disbursement this Period

[ ] 750.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 1750.00

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

[ ] 1750.00

**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"/> 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)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Castor for Congress</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 10 / 2022                    |
| Mailing Address 301 W Platt Street, #385   |  | FEC Identification Number<br>C C00410761<br><b>Transaction ID : B-15884</b> |
| City Tampa   | State FL   | Zip Code 33606  |
| Purpose of Disbursement<br>Contribution  |  | Category/Type<br>011  |
| Candidate Name<br><b>Castor, Kathy, , ,</b>  |  | Amount of Each Disbursement this Period<br>1000.00                          |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: FL  | District: 14   |   |
| <input type="checkbox"/> Memo Item   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Friends For Chris Stewart, Inc.</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 10 / 2022                    |
| Mailing Address PO Box 540370  |  | FEC Identification Number<br>C C00506931<br><b>Transaction ID : B-15883</b> |
| City North Salt Lake   | State UT   | Zip Code 84054-0370   |
| Purpose of Disbursement<br>Contribution  |  | Category/Type<br>011  |
| Candidate Name<br><b>Stewart, Chris, , ,</b>   |  | Amount of Each Disbursement this Period<br>1000.00                          |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: UT  | District: 02   |   |
| <input type="checkbox"/> Memo Item   |  |   |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. John Carter for Congress</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>06 / 10 / 2022                    |
| Mailing Address 200 University Oaks Boulevard<br>Suite 225, #140   |  | FEC Identification Number<br>C C00371203<br><b>Transaction ID : B-15879</b> |
| City Round Rock  | State TX   | Zip Code 78665  |
| Purpose of Disbursement<br>Contribution  |  | Category/Type<br>011  |
| Candidate Name<br><b>Carter, John, R., ,</b>   |  | Amount of Each Disbursement this Period<br>1000.00                          |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2022<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: TX  | District: 31   |   |
| <input type="checkbox"/> Memo Item   |  |   |

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

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

|         |
|---------|
| 3000.00 |
|         |

**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"/> 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)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A. Kuster for Congress, Inc**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1498

City Concord State NH Zip Code 03302

Purpose of Disbursement Contribution  
Candidate Name **Kuster, Ann, Mclane, ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: NH District: 02

Date of Disbursement: 06 / 10 / 2022

FEC Identification Number: C00462861  
Transaction ID : B-15882  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**B. Lisa Blunt Rochester for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 9767

City Wilmington State DE Zip Code 19809

Purpose of Disbursement Contribution  
Candidate Name **Lisa, Blunt, Rochester, ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: DE District: 00

Date of Disbursement: 06 / 10 / 2022

FEC Identification Number: C00590778  
Transaction ID : B-15881  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**C. Tammy Baldwin for Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 696

City Madison State WI Zip Code 53701

Purpose of Disbursement Contribution  
Candidate Name **Baldwin, Tammy, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: WI District: 00

Date of Disbursement: 06 / 10 / 2022

FEC Identification Number: C00326801  
Transaction ID : B-15880  
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

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

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

4500.00

**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"/> 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)

**Alliance for Pharmacy Compounding PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. Bonnie Watson Coleman for Congress**

Mailing Address 918 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

**Coleman, Bonnie, Watson, ,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: NJ District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2022

FEC Identification Number

C C00558437

**Transaction ID : B-15886**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Moolenaar for Congress**

Mailing Address P.O. Box 2192

City Midland State MI Zip Code 48641

Purpose of Disbursement Contribution

011

Candidate Name

**Moolenaar, John, , MR.,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: MI District: 04

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2022

FEC Identification Number

C C00561530

**Transaction ID : B-15885**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Schiller for Congress**

Mailing Address P.o. Box 2304

City Muskogee State OK Zip Code 74402

Purpose of Disbursement Contribution

011

Candidate Name

**Schiller, Chris, , ,**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2022  Primary  General  Other (specify) ▼

State: OK District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 14 / 2022

FEC Identification Number

C C00807404

**Transaction ID : B-15887**

Amount of Each Disbursement this Period

4000.00

Memo Item

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

6000.00

**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"/> 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)  
**Alliance for Pharmacy Compounding PAC (COMP PAC)**

**A. Jaime for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642-0020

Purpose of Disbursement Contribution  
Candidate Name Herrera Beutler, Jaime, , ,  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: WA District: 03

Date of Disbursement: 06 / 21 / 2022

FEC Identification Number: C00472704  
Transaction ID : B-15888  
Amount of Each Disbursement this Period: 1500.00

Category/Type: 011

Memo Item

**B. Michael Burgess for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2334

City Denton State TX Zip Code 76202-2334

Purpose of Disbursement Contribution  
Candidate Name Burgess, Michael, C., DR.,  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: TX District: 26

Date of Disbursement: 06 / 21 / 2022

FEC Identification Number: C00372532  
Transaction ID : B-15889  
Amount of Each Disbursement this Period: 2500.00

Category/Type: 011

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: / /

FEC Identification Number: C  
Amount of Each Disbursement this Period:

Category/Type:

Memo Item

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional).....▶      | 4000.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 17500.00 |