

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
International Academy of Compounding Pharmacists PAC (COMP PAC)

ADDRESS (number and street) 4638 Riverstone Blvd
 Check if different than previously reported. (ACC)
Missouri City TX 77459

2. **FEC IDENTIFICATION NUMBER** C00424143
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2009 through 12 31 2009

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 Rod Shafer

Signature of Treasurer Electronically Filed by Rod Shafer Date 01 28 2010

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							
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M M	D D	Y Y Y Y
0 7	0 1	2 0 0 9

 To:

M M	D D	Y Y Y Y
1 2	3 1	2 0 0 9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y Y Y Y</td></tr><tr><td>2 0 0 9</td></tr></table>	Y Y Y Y	2 0 0 9		52539.92
Y Y Y Y				
2 0 0 9				
(b) Cash on Hand at Beginning of Reporting Period	47726.85			
(c) Total Receipts (from Line 19)	6200.00	27886.35		
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53926.85	80426.27		
7. Total Disbursements (from Line 31)	11312.80	37812.22		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	42614.05	42614.05		
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00			
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00			

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6000.00	27236.35
(ii) Unitemized	200.00	650.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	6200.00	27886.35
(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)	6200.00	27886.35
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))	6200.00	27886.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6200.00	27886.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5312.80	6312.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5312.80	6312.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	31000.00
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	500.00	500.00
(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))	500.00	500.00
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))..	11312.80	37812.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11312.80	37812.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	6200.00	27886.35
34. Total Contribution Refunds (from Line 28(d))	500.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5700.00	27386.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5312.80	6312.22
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5312.80	6312.22

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 21
(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

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

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

<p>A. Full Name (Last, First, Middle Initial) Bob Brensel</p> <p>Mailing Address 480 North Wiget Lane</p> <p>City State Zip Code Walnut Creek CA 94598</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Script Works - A Professional Pharmacy</p> <p>Occupation Pharmacist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: A2009-3605351</p> <p>Amount of Each Receipt this Period 250.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	6		2	0	0	9												

<p>B. Full Name (Last, First, Middle Initial) Darby Brown</p> <p>Mailing Address 10470 S. Progress Way #103</p> <p>City State Zip Code Parker CO 80134</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Brown's Compounding Center</p> <p>Occupation Pharmacist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: A2009-3605352</p> <p>Amount of Each Receipt this Period 250.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	6		2	0	0	9												

<p>C. Full Name (Last, First, Middle Initial) Chris Burgess</p> <p>Mailing Address 322 N. Ingleside Street</p> <p>City State Zip Code Fairhope AL 36532</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Heritage Compounding Pharmacy</p> <p>Occupation Pharmacist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: A2009-3605350</p> <p>Amount of Each Receipt this Period 250.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	6		2	0	0	9												

<p>SUBTOTAL of Receipts This Page (optional)</p>	750.00
<p>TOTAL This Period (last page this line number only)</p>	

A. Form/Schedule : **SA11AI**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 21
(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 PAC (COMP PAC)

A. Full Name (Last, First, Middle Initial)
Sandra Collier

Mailing Address 2030 Surrey

City State Zip Code
Nacogdoches TX 75965

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
M&S Pharmacy Registered Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 20 / 2009
Transaction ID: A2009-3828384

Amount of Each Receipt this Period 250.00

B. Full Name (Last, First, Middle Initial)
Saad Dinno

Mailing Address 563 Massachusetts Avenue

City State Zip Code
Acton MA 01720

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Acton Pharmacy Inc. Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 06 / 2009
Transaction ID: A2009-3605353

Amount of Each Receipt this Period 250.00

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

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

City State Zip Code
Ocala FL 34474-5138

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Franck's Pharmacy & Home-care RPh FIACP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 06 / 2009
Transaction ID: A2009-3605354

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 9 / 21
(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 PAC (COMP PAC)

<p>A. Full Name (Last, First, Middle Initial) Jim Gillespie</p> <p>Mailing Address 2121 Whitesburg Drive</p> <hr/> <p>City State Zip Code Huntsville AL 35801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Huntsville Compounding Pharmacy</p> <p>Occupation Pharmacist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 950.00</p>	<p>Date of Receipt 07 / 17 / 2009</p> <p>Transaction ID: A2009-3828383</p> <p>Amount of Each Receipt this Period 100.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Jim Gillespie</p> <p>Mailing Address 2121 Whitesburg Drive</p> <hr/> <p>City State Zip Code Huntsville AL 35801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Huntsville Compounding Pharmacy</p> <p>Occupation Pharmacist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1050.00</p>	<p>Date of Receipt 08 / 17 / 2009</p> <p>Transaction ID: A2009-4843809</p> <p>Amount of Each Receipt this Period 100.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Jim Gillespie</p> <p>Mailing Address 2121 Whitesburg Drive</p> <hr/> <p>City State Zip Code Huntsville AL 35801</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Huntsville Compounding Pharmacy</p> <p>Occupation Pharmacist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1150.00</p>	<p>Date of Receipt 09 / 17 / 2009</p> <p>Transaction ID: A2009-4843810</p> <p>Amount of Each Receipt this Period 100.00</p>
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SUBTOTAL of Receipts This Page (optional)	300.00
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 10 / 21
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
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
Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: A2009-5341691

Amount of Each Receipt this Period
100.00

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
Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1350.00

Date of Receipt
M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: A2009-5341693

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
John Herr

Mailing Address 106 Prospect St.

City State Zip Code
Ridgewood NJ 07450

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

Name of Employer
Town & Country Compounding & Consultat

Occupation
RPh 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 7 / 0 6 / 2 0 0 9

Transaction ID: A2009-3605355

Amount of Each Receipt this Period
250.00

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 11 / 21
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
John Hollis

Mailing Address 1923 Hayes St

City Nashville State TN Zip Code 37203

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

Name of Employer John Hollis Inc. Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 16 / 2009
Transaction ID: A2009-3753821
 Amount of Each Receipt this Period: 250.00

B.

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

Mailing Address 20214 Braidwood #140

City Katy State TX Zip Code 77450

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

Name of Employer Hotze Health & Wellness Center Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 06 / 2009
Transaction ID: A2009-3605356
 Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Raymond Hoyt

Mailing Address 1498 East Valley Road

City Santa Barbara State CA Zip Code 93108

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

Name of Employer Intl Academy of Compounding Pharmacist Occupation pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 06 / 2009
Transaction ID: A2009-3638409
 Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 / 21
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Paul Klomp

Mailing Address 3844 S 250 E

City Logan State UT Zip Code 84321

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

Name of Employer Intl Academy of Compoundi-
ng Pharmacist Occupation Software Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: A2009-3642909

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
George Malmberg

Mailing Address 405 Heron Drive Suite 200

City Swedesboro State NJ Zip Code 08085-1749

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

Name of Employer Wedgewood Village Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: A2009-3605357

Amount of Each Receipt this Period
500.00

C.

Full Name (Last, First, Middle Initial)
James Mayo

Mailing Address 2330 Elmgate

City Houston State TX Zip Code 77080

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

Name of Employer Intl Academy of Compoundi-
ng Pharmacist Occupation pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 06 / 2009

Transaction ID: A2009-3605349

Amount of Each Receipt this Period
500.00

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 13 / 21
(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 PAC (COMP PAC)

A. Full Name (Last, First, Middle Initial)
Ehab Mekhail

Mailing Address 68 Little Side St

City Richmond Hill Onta State ZZ Zip Code

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

Name of Employer Intl Academy of Compoundi- ng Pharmacist Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 06 / 2009
Transaction ID: A2009-3638410
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 517 C Street NE

City Washington State DC Zip Code 20002

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

Name of Employer Parry Romani Associates Occupation Lobbyist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 06 / 2009
Transaction ID: A2009-3605348
 Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial)
Brant Skanson

Mailing Address 898 Tanager Street

City Incline Village State NV Zip Code 89451

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

Name of Employer Village Pharmacy Occupation Pharmacist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 06 / 2009
Transaction ID: A2009-3605358
 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 14 / 21	
	(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 PAC (COMP PAC)

A.	Full Name (Last, First, Middle Initial) Mickey Sussman		Date of Receipt																					
	Mailing Address 10900 N. Scottsdale Rd. Ste. 403		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	7		0	6		2	0	0	9														
	City	State	Zip Code	Transaction ID: A2009-3605359																				
	Scottsdale	AZ	85254-5232	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer Scottsdale Professional Pharmacy		Occupation Pharmacist																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	250.00																					

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	6000.00

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address 5410 Highway 6</p> <p>City Missouri City State TX Zip Code 77459</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B295296 Date of Disbursement: 08 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 56.00</p> <p>001 Category/Type</p>
<p>B. Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address 5410 Highway 6</p> <p>City Missouri City State TX Zip Code 77459</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B295297 Date of Disbursement: 09 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Wachovia</p> <p>Mailing Address 5410 Highway 6</p> <p>City Missouri City State TX Zip Code 77459</p> <p>Purpose of Disbursement Bank Service Charge</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable</p>	<p>Transaction ID: B313710 Date of Disbursement: 10 / 09 / 2009</p> <p>Amount of Each Disbursement this Period 15.00</p> <p>001 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional)	86.00
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A.

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address 5410 Highway 6

City Missouri City State TX Zip Code 77459

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: TX District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Not Applicable

Transaction ID: B313711

Date of Disbursement

11 / 09 / 2009

Amount of Each Disbursement this Period

15.00

B.

Full Name (Last, First, Middle Initial)

Wachovia

Mailing Address 5410 Highway 6

City Missouri City State TX Zip Code 77459

Purpose of Disbursement
Bank Service Charge

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: TX District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Not Applicable

Transaction ID: B313709

Date of Disbursement

12 / 09 / 2009

Amount of Each Disbursement this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Paymentech

Mailing Address 14221 Dallas Pkwy Bldg Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: TX District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Not Applicable

Transaction ID: B272441

Date of Disbursement

07 / 03 / 2009

Amount of Each Disbursement this Period

77.12

SUBTOTAL of Disbursements This Page (optional) ▶

107.12

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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial) IACP Mailing Address P.O. Box 1365 City Sugar Land State TX Zip Code 77487 Purpose of Disbursement Facilities/catering reimbursement for annual luncheon. Candidate Name	Transaction ID: B295292 Date of Disbursement 09 / 28 / 2009
	Amount of Each Disbursement this Period 4939.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Category/Type 001

B. Full Name (Last, First, Middle Initial) Paymentech Mailing Address 14221 Dallas Pkwy Bldg Two City Dallas State TX Zip Code 75254 Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: B299039 Date of Disbursement 10 / 05 / 2009
	Amount of Each Disbursement this Period 6.62
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Category/Type 001

C. Full Name (Last, First, Middle Initial) Paymentech Mailing Address 14221 Dallas Pkwy Bldg Two City Dallas State TX Zip Code 75254 Purpose of Disbursement Credit Card Processing Fee Candidate Name	Transaction ID: B299044 Date of Disbursement 11 / 03 / 2009
	Amount of Each Disbursement this Period 6.62
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	4952.57
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 18 / 21

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

A.

Full Name (Last, First, Middle Initial)

Paymentech

Mailing Address 14221 Dallas Pkwy Bldg Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

State: TX

District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Not Applicable

Transaction ID: B313707

Date of Disbursement

12 / 03 / 2009

Amount of Each Disbursement this Period

6.62

SUBTOTAL of Disbursements This Page (optional)

6.62

TOTAL This Period (last page this line number only)

5152.31

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p>A. Full Name (Last, First, Middle Initial) Mike Ross for Congress Committee</p> <p>Mailing Address PO 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 04</p>	<p>Transaction ID: B294206 Date of Disbursement: 09 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Berry for Congress</p> <p>Mailing Address 236 Massachusetts Ave NE Ste 603</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 01</p>	<p>Transaction ID: B295663 Date of Disbursement: 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Citizens for Harkin</p> <p>Mailing Address P O Box 811</p> <p>City Des Moines State IA Zip Code 50304</p> <p>Purpose of Disbursement Contribution 011 Category/Type</p> <p>Candidate Name Tom Harkin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:</p>	<p>Transaction ID: B299037 Date of Disbursement: 12 / 10 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Full Name (Last, First, Middle Initial)
Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement
Contribution

Candidate Name
Raymond Gene Green

Office Sought: House
 Senate
 President

State: TX District: 29

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B294043

Date of Disbursement

09 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
Texans for Lamar Smith

Mailing Address PO Box 6155

City San Antonio State TX Zip Code 78209

Purpose of Disbursement
Contribution

Candidate Name
Lamar S Smith

Office Sought: House
 Senate
 President

State: TX District: 21

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: B294623

Date of Disbursement

10 / 22 / 2009

Amount of Each Disbursement this Period

250.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
Hatch Election Committee

Mailing Address P.O. Box 1480

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contribution

Candidate Name
Orrin G Hatch

Office Sought: House
 Senate
 President

State: UT District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Transaction ID: B235619

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

-250.00

011
Category/
Type

Voided: Original check dated 09/24/2008

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

5500.00

**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 21 / 21

<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 PAC (COMP PAC)

A.

Full Name (Last, First, Middle Initial)
Dan Volney

Mailing Address 3502 Wolverine Trl

City State Zip Code
Temple TX 76502

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

State: TX District:

Disbursement For: 2009
 Primary General
 Other (specify) ▼

Not Applicable

Transaction ID: B272443

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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