

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)  TX

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 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 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  in the State of   
(d) 30-Day POST-Election Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  /  /  through  /  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Letendre Sr., William R., , ,

Type or Print Name of Treasurer  
Signature of Treasurer Letendre Sr., William R., , , [Electronically Filed] Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="45115.54"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="37567.24"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="11950.00"/>	<input type="text" value="60775.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="49517.24"/>	<input type="text" value="105890.54"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="38193.15"/>	<input type="text" value="94566.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11324.09"/>	<input type="text" value="11324.09"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

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 Y Y  
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2017

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).....	8800.00	54400.00
(ii) Unitemized .....	3150.00	6375.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11950.00	60775.00
(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) .....	11950.00	60775.00
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)).....▶	11950.00	60775.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11950.00	60775.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B 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 .....	8349.40	25722.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	8349.40	25722.70
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29843.75	68843.75
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	0.00
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)) ..	38193.15	94566.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38193.15	94566.45

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11950.00	60775.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11950.00	60775.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	8349.40	25722.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	8349.40	25722.70

**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 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Abharian, Mary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 Union Blvd. Suite 100  
 City Lakewood State CO Zip Code 80228  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Peoples Pharmacy Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A2017-2603252**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Beamer, Jerry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 100 W. 3rd St.  
 City Lexington State NC Zip Code 27292  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Andrews Pharmacy Occupation (for Individual) 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  
 11 / 13 / 2017  
**Transaction ID : A2017-2603241**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Blaire, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7316 East Thomas Road  
 City Scottsdale State AZ Zip Code 85251  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Diamondback Drugs Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2017  
**Transaction ID : A2017-1762655**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<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: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2260 Holly Springs Parkway

City Canton	State GA	Zip Code 30115
----------------	-------------	-------------------

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

Name of Employer (for Individual) Cherokee Custom Script Pharmacy	Occupation (for Individual) Pharmacist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2017

**Transaction ID : A2017-2936013**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 17000 140th Avenue NE Suite E101

City Woodinville	State WA	Zip Code 98072
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Woodinville Pharmacy	Occupation (for Individual) RPh
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	13	/	2017

**Transaction ID : A2017-2603242**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. 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
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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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2017

**Transaction ID : A2017-1668311**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	900.00
<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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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  
 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 ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 18 / 2017  
**Transaction ID : A2017-1970459**  
 Amount of Each Receipt this Period  
 100.00  
 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  
 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 ▼ 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 18 / 2017  
**Transaction ID : A2017-2310894**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. 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  
 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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2017  
**Transaction ID : A2017-2397023**  
 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: (check only one)	PAGE 9 OF 27
	<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. 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  
 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 ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2017  
**Transaction ID : A2017-2603249**  
 Amount of Each Receipt this Period  
 100.00  
 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  
 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 ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 18 / 2017  
**Transaction ID : A2017-2936012**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. Giaquinto, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 464 Forest Avenue  
 City Rye State NY Zip Code 10580  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rye Beach Pharmacy Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 16 / 2017  
**Transaction ID : A2017-2937618**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<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 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Goldglantz, Arthur, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5816 N. University Drive  
 City Tamarac State FL Zip Code 33321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Arthur's Original Pharmacy Occupation (for Individual) 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  
 07 / 18 / 2017  
**Transaction ID : A2017-1668310**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Harbin, Rodney, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3401 Independence Dr Ste 231  
 City Birmingham State AL Zip Code 35209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wellness Health & Pharmacy Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : A2017-2603243**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Hodges, Shawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6095 Pine Mountain Road NW Suite  
 City Kennesaw State GA Zip Code 30152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Innovation Compounding Occupation (for Individual) PharmD  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2017  
**Transaction ID : A2017-2603244**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<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: (check only one)	PAGE 11 OF 27
<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. Korbutoy, Jack, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 507 South 2nd Street

City Philadelphia	State PA	Zip Code 19147
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) The Art of Medicine	Occupation (for Individual) 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
11	/	13	/	2017

**Transaction ID : A2017-2603248**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 2333 W. 57th Street Suite 107

City Sioux Falls	State SD	Zip Code 57108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pharmacy Specialties Inc.	Occupation (for Individual) RPh Owner
--	--

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
12	/	12	/	2017

**Transaction ID : A2017-2936008**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 9901 S. Wilcrest

City Houston	State TX	Zip Code 77099
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) PCCA-Pharmacy Mangement Department	Occupation (for Individual) MS Pharm MBA FIACP
---	---

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
11	/	30	/	2017

**Transaction ID : A2017-2603254**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	750.00
<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 12 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Meeker, Angela, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1800 E. Barnett Road  
 City Medford State OR Zip Code 97504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wellness Compounding Pharmacy Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 16 / 2017  
**Transaction ID : A2017-1970456**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. Pfaffenberger, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2113 State Street Suite 3  
 City New Albany State IN Zip Code 47150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Precision Compounding Pharmacy Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : A2017-2397020**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Pinto, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1115 South Avenue West  
 City Westfield State NJ Zip Code 07090  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tiffany Natural Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 11 / 2017  
**Transaction ID : A2017-2397019**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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 13 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Simpson, Tommy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 114 Mulberry Street  
 City Ripley State MS Zip Code 38663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Delta Pharma Inc. Occupation (for Individual) MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 25 / 2017  
**Transaction ID : A2017-2310895**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. Spruill, Steven, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1330 Big A Road  
 City Toccoa State GA Zip Code 30577  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Maddox Drugs Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 02 / 2017  
**Transaction ID : A2017-1970447**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Suthar, Prakesh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 138 Arnett Blvd.  
 City Danville State VA Zip Code 24540  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Kare Pharmacy Occupation (for Individual) 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  
 09 / 25 / 2017  
**Transaction ID : A2017-2310898**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1050.00
<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 14 OF 27
<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. Taylor, Koby, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1100 Canyon View Drive  
 City Santa Clara State UT Zip Code 84765  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fusion Specialty Pharmacy Occupation (for Individual) RPh  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 16 / 2017  
**Transaction ID : A2017-1970453**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Toman, Craig, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1545 116 Ave. NE Ste. 103  
 City Bellevue State WA Zip Code 98004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Custom Prescriptions LLC Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A2017-2603253**  
 Amount of Each Receipt this Period 800.00  
 Memo Item

**C. Walker, Roy Dean (R.D.), , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 N. Commerce Ave.  
 City Russellville State AR Zip Code 72801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) C&D Drug Store Occupation (for Individual) Pharmacist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 25 / 2017  
**Transaction ID : A2017-2310899**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	8800.00

**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)

**International Academy of Compounding Pharmacists PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. Comerica Bank**

Mailing Address P.O. Box 650282

City  
Dallas

State  
TX

Zip Code  
75265

Purpose of Disbursement  
Bank Service Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2017

FEC Identification Number

C [REDACTED]

**Transaction ID : B663038**

Amount of Each Disbursement this Period

[REDACTED] 456.62

Memo Item

Full Name (Last, First, Middle Initial)

**B. Comerica Bank**

Mailing Address P.O. Box 650282

City  
Dallas

State  
TX

Zip Code  
75265

Purpose of Disbursement  
Bank Service Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		03		2017

FEC Identification Number

C [REDACTED]

**Transaction ID : B665567**

Amount of Each Disbursement this Period

[REDACTED] 68.02

Memo Item

Full Name (Last, First, Middle Initial)

**C. Comerica Bank**

Mailing Address P.O. Box 650282

City  
Dallas

State  
TX

Zip Code  
75265

Purpose of Disbursement  
Bank Service Charge

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2017

FEC Identification Number

C [REDACTED]

**Transaction ID : B667866**

Amount of Each Disbursement this Period

[REDACTED] 108.70

Memo Item

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

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

[REDACTED] 633.34

[REDACTED]

**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)  
**International Academy of Compounding Pharmacists PAC (COMP PAC)**

Full Name (Last, First, Middle Initial) <b>A. Comerica Bank</b>			Date of Disbursement MM / DD / YYYY 10 / 04 / 2017		
Mailing Address P.O. Box 650282			FEC Identification Number C [REDACTED] <b>Transaction ID : B669075</b> Amount of Each Disbursement this Period [REDACTED] 82.14		
City Dallas	State TX	Zip Code 75265	Category/Type 001		
Purpose of Disbursement Bank Service Charge		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State:	District:		Not Applicable		

Full Name (Last, First, Middle Initial) <b>B. Comerica Bank</b>			Date of Disbursement MM / DD / YYYY 11 / 07 / 2017		
Mailing Address P.O. Box 650282			FEC Identification Number C [REDACTED] <b>Transaction ID : B677218</b> Amount of Each Disbursement this Period [REDACTED] 83.72		
City Dallas	State TX	Zip Code 75265	Category/Type 001		
Purpose of Disbursement Bank Service Charge		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State:	District:		Not Applicable		

Full Name (Last, First, Middle Initial) <b>C. Comerica Bank</b>			Date of Disbursement MM / DD / YYYY 12 / 04 / 2017		
Mailing Address P.O. Box 650282			FEC Identification Number C [REDACTED] <b>Transaction ID : B678899</b> Amount of Each Disbursement this Period [REDACTED] 99.62		
City Dallas	State TX	Zip Code 75265	Category/Type 001		
Purpose of Disbursement Bank Service Charge		Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>		
State:	District:		Not Applicable		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 265.48
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



**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)

**International Academy of Compounding Pharmacists PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. IACP**

Mailing Address 4638 Riverstone Blvd

City  
Missouri City

State  
TX

Zip Code  
77459

Purpose of Disbursement  
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 12 / 2017

FEC Identification Number

C

Transaction ID : B651870

Amount of Each Disbursement this Period

220.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. IACP**

Mailing Address 4638 Riverstone Blvd

City  
Missouri City

State  
TX

Zip Code  
77459

Purpose of Disbursement  
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2017

FEC Identification Number

C

Transaction ID : B662464

Amount of Each Disbursement this Period

209.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. IACP**

Mailing Address 4638 Riverstone Blvd

City  
Missouri City

State  
TX

Zip Code  
77459

Purpose of Disbursement  
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 15 / 2017

FEC Identification Number

C

Transaction ID : B663029

Amount of Each Disbursement this Period

333.00

Memo Item

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

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

762.00

**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)

**International Academy of Compounding Pharmacists PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. IACP**

Mailing Address 4638 Riverstone Blvd

City Missouri City State TX Zip Code 77459

Purpose of Disbursement Reimbursement for PAC fundraising calls not on behalf of Federal candidates

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼ Not Applicable

State: District:

001  
Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2017

FEC Identification Number

C [ ]

Transaction ID : B664419

Amount of Each Disbursement this Period

[ ] 143.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. IACP**

Mailing Address 4638 Riverstone Blvd

City Missouri City State TX Zip Code 77459

Purpose of Disbursement Reimbursement for PAC fundraising calls not on behalf of Federal candidates

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼ Not Applicable

State: District:

001  
Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 13 / 2017

FEC Identification Number

C [ ]

Transaction ID : B664991

Amount of Each Disbursement this Period

[ ] 198.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. IACP**

Mailing Address 4638 Riverstone Blvd

City Missouri City State TX Zip Code 77459

Purpose of Disbursement Reimbursement for PAC fundraising calls not on behalf of Federal candidates

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼ Not Applicable

State: District:

001  
Category/Type

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2017

FEC Identification Number

C [ ]

Transaction ID : B666628

Amount of Each Disbursement this Period

[ ] 275.00

Memo Item

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

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

[ ] 616.00

[ ]

**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)

**International Academy of Compounding Pharmacists PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. IACP**

Mailing Address 4638 Riverstone Blvd

City  
Missouri City

State  
TX

Zip Code  
77459

Purpose of Disbursement  
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		12		2017

FEC Identification Number

C

**Transaction ID : B667288**

Amount of Each Disbursement this Period

165.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**B. IACP**

Mailing Address 4638 Riverstone Blvd

City  
Missouri City

State  
TX

Zip Code  
77459

Purpose of Disbursement  
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2017

FEC Identification Number

C

**Transaction ID : B668453**

Amount of Each Disbursement this Period

170.00
--------

Memo Item

Full Name (Last, First, Middle Initial)

**C. IACP**

Mailing Address 4638 Riverstone Blvd

City  
Missouri City

State  
TX

Zip Code  
77459

Purpose of Disbursement  
Reimbursement for PAC fundraising calls not on behalf of Federal candidates

001

Category/  
Type

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		11		2017

FEC Identification Number

C

**Transaction ID : B676747**

Amount of Each Disbursement this Period

280.00
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Memo Item

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

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

615.00
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**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)

**International Academy of Compounding Pharmacists PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. IACP**

Mailing Address 4638 Riverstone Blvd

City Missouri City State TX Zip Code 77459

Purpose of Disbursement Reimbursement for PAC fundraising calls not on behalf of Federal candidates

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify)  Not Applicable

State: District:

001  
Category/Type

Date of Disbursement

MM / DD / YYYY  
12 / 13 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : B677152

Amount of Each Disbursement this Period

[REDACTED] 80.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Public Affairs Support Services Inc.**

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement Admin expen-Report prep.

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify)  Not Applicable

State: District:

001  
Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : B662595

Amount of Each Disbursement this Period

[REDACTED] 1086.51

Memo Item

Full Name (Last, First, Middle Initial)

**C. Public Affairs Support Services Inc.**

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement Admin expen-Report prep.

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify)  Not Applicable

State: District:

001  
Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 24 / 2017

FEC Identification Number

C [REDACTED]

Transaction ID : B663752

Amount of Each Disbursement this Period

[REDACTED] 1075.33

Memo Item

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

[REDACTED] 2241.84

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

[REDACTED]

**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)

**International Academy of Compounding Pharmacists PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. Public Affairs Support Services Inc.**

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement Admin expen-Report prep.

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 21 / 2017

FEC Identification Number

C  
Transaction ID : B665689  
Amount of Each Disbursement this Period  
1074.11

Memo Item

Full Name (Last, First, Middle Initial)

**B. Public Affairs Support Services Inc.**

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement Admin expen-Report prep.

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 24 / 2017

FEC Identification Number

C  
Transaction ID : B668210  
Amount of Each Disbursement this Period  
1071.63

Memo Item

Full Name (Last, First, Middle Initial)

**C. Public Affairs Support Services Inc.**

Mailing Address 1950 Roland Clarke Place Suite 300

City Reston State VA Zip Code 20191

Purpose of Disbursement Admin expen-Report prep.

001  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 27 / 2017

FEC Identification Number

C  
Transaction ID : B670466  
Amount of Each Disbursement this Period  
1070.00

Memo Item

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

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

3215.74

8349.40

**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)

**International Academy of Compounding Pharmacists PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. Culberson for Congress**

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name  
**Culberson, John, , ,**

Office Sought:  House  Senate  President  
State: TX District: 07

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2017

FEC Identification Number

C C00343236

Transaction ID : B662173

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Sherrod Brown**

Mailing Address 328 Massachusetts Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name  
**Brown, Sherrod, , ,**

Office Sought:  House  Senate  President  
State: OH District:

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2017

FEC Identification Number

C C00264697

Transaction ID : B662174

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gene Green Congressional Campaign**

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement Contribution

011

Category/Type

Candidate Name  
**Green, Raymond Gene, , ,**

Office Sought:  House  Senate  President  
State: TX District: 29

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 26 / 2017

FEC Identification Number

C C00254185

Transaction ID : B662172

Amount of Each Disbursement this Period

1000.00

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)

**International Academy of Compounding Pharmacists PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. Kurt Schrader for Congress**

Mailing Address 412 First Street SE Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Schrader, Kurt, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: OR District: 05

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B662903**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Morgan Griffith for Congress**

Mailing Address 3213 Duke Street Suite 700

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Griffith, H. Morgan, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: VA District: 09

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B663116**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Texans for Henry Cuellar Congressional Campaign**

Mailing Address 412 First Street SE Suite 100

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Category/Type

Candidate Name  
**Cuellar, Henry, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 28

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : B663117**

Amount of Each Disbursement this Period

Memo Item

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

**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)

**International Academy of Compounding Pharmacists PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. Michael Burgess for Congress**

Mailing Address PO Box 15239

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name Burgess, Michael C., , ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2017

FEC Identification Number

C C00372532

Transaction ID : B663432

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Frelinghuysen for Congress**

Mailing Address 2308 Mount Vernon Avenue - #337

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name Frelinghuysen, Rodney, P, ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NJ District: 11

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2017

FEC Identification Number

C C00299404

Transaction ID : B663627

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Robert Aderholt for Congress**

Mailing Address P.O. Box 1158

City Haleyville State AL Zip Code 35565

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name Aderholt, Robert, B, ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: AL District: 04

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2017

FEC Identification Number

C C00313247

Transaction ID : B664539

Amount of Each Disbursement this Period

1000.00

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**International Academy of Compounding Pharmacists PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. Wicker for Senate**

Mailing Address 6635 W. Happy Valley Road Suite a1

City Glendale State AZ Zip Code 85310

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Wicker, Roger, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MS District:

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2017

FEC Identification Number

C C00443218

**Transaction ID : B665273**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Brady for Congress**

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Brady, Kevin, P, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2017

FEC Identification Number

C C00311043

**Transaction ID : B665418**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Chris Stewart**

Mailing Address PO Box 540370

City North Salt Lake State UT Zip Code 84054

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Stewart, Chris, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: UT District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 27 / 2017

FEC Identification Number

C C00506931

**Transaction ID : B666286**

Amount of Each Disbursement this Period

1000.00

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**International Academy of Compounding Pharmacists PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. John Carter for Congress**

Mailing Address 317 15th Street NE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Carter, John, R, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: TX District: 31

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	27	/	2017

FEC Identification Number

**C** C00371203

**Transaction ID : B666287**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Collins for Congress**

Mailing Address P.O. Box 1295

City  
Gainesville

State  
GA

Zip Code  
30503

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Collins, Douglas, A, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: GA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	10	/	2017

FEC Identification Number

**C** C00502039

**Transaction ID : B667083**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bilirakis for Congress**

Mailing Address 41 N Ring Ave

City  
Tarpon Springs

State  
FL

Zip Code  
34689

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Bilirakis, Gus, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	06	/	2017

FEC Identification Number

**C** C00408534

**Transaction ID : B669039**

Amount of Each Disbursement this Period

1000.00

Memo Item

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**International Academy of Compounding Pharmacists PAC (COMP PAC)**

Full Name (Last, First, Middle Initial)

**A. The Committee to Elect Jack Volpato**

Mailing Address PO Box 1330

City Carlsbad State NM Zip Code 88221

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Volpato, Jack, , ,**

Office Sought:  House  
 Senate  
 President  
State: NM District: 02

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 07 / 2017

FEC Identification Number

C C00656066

**Transaction ID : B669072**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bilirakis for Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Bilirakis, Gus, , ,**

Office Sought:  House  
 Senate  
 President  
State: FL District: 12

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2017

FEC Identification Number

C C00408534

**Transaction ID : B676554**

Amount of Each Disbursement this Period

3843.75

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bilirakis for Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name  
**Bilirakis, Gus, , ,**

Office Sought:  House  
 Senate  
 President  
State: FL District: 12

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 07 / 2017

FEC Identification Number

C C00408534

**Transaction ID : B676555**

Amount of Each Disbursement this Period

1156.25

Memo Item

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

5500.00

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

29843.75