

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2011"/>	<input type="text" value="26055.88"/>	<input type="text" value="26055.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24411.47"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="28549.99"/>	<input type="text" value="59549.99"/>
(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="52961.46"/>	<input type="text" value="85605.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14609.60"/>	<input type="text" value="47254.01"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="38351.86"/>	<input type="text" value="38351.86"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

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

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).....	26950.00	57400.00
(ii) Unitemized	1599.99	2149.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	28549.99	59549.99
(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)	28549.99	59549.99
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))..... ▶	28549.99	59549.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28549.99	59549.99

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	14609.60	20504.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14609.60	20504.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	26750.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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)) ..	14609.60	47254.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14609.60	47254.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	28549.99	59549.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	28549.99	59549.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14609.60	20504.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14609.60	20504.01

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
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.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 24
(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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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. Elizabeth Brown
Full Name (Last, First, Middle Initial)
Mailing Address 131 Sweetland Grove Ln
City Conroe State TX Zip Code 77384
FEC ID number of contributing federal political committee. **C**
Name of Employer Richie's Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2011
Transaction ID : A2011-3395275
Amount of Each Receipt this Period
1000.00

B. Chris Burgess
Full Name (Last, First, Middle Initial)
Mailing Address 322 N. Ingleside Street
City Fairhope State AL Zip Code 36532
FEC ID number of contributing federal political committee. **C**
Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 18 / 2011
Transaction ID : A2011-1670895
Amount of Each Receipt this Period
100.00

c. Chris Burgess
Full Name (Last, First, Middle Initial)
Mailing Address 322 N. Ingleside Street
City Fairhope State AL Zip Code 36532
FEC ID number of contributing federal political committee. **C**
Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 18 / 2011
Transaction ID : A2011-2536250
Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶ 1200.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
	<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. Chris Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 N. Ingleside Street
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2011
Transaction ID : A2011-2806808
 Amount of Each Receipt this Period
 100.00

B. Chris Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 N. Ingleside Street
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 18 / 2011
Transaction ID : A2011-2972794
 Amount of Each Receipt this Period
 100.00

C. Chris Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 N. Ingleside Street
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : A2011-3142433
 Amount of Each Receipt this Period
 100.00

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: (check only one)	PAGE 9 OF 24
	<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. Chris Burgess
 Full Name (Last, First, Middle Initial)
 Mailing Address 322 N. Ingleside Street
 City Fairhope State AL Zip Code 36532
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Heritage Compounding Pharmacy Occupation Pharmacist
 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
 12 / 18 / 2011
Transaction ID : A2011-3420591
 Amount of Each Receipt this Period
 100.00

B. Megan Cawyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 16222 Pelican Beach Ln.
 City Houston State TX Zip Code 77044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Richie's Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2011
Transaction ID : A2011-3420596
 Amount of Each Receipt this Period
 800.00

C. Jim Gillespie
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 Whitesburg Drive
 City Huntsville State AL Zip Code 35801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Huntsville Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2011
Transaction ID : A2011-1670896
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Jim Gillespie		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : A2011-2536251
Mailing Address 2121 Whitesburg Drive		Amount of Each Receipt this Period 100.00
City Huntsville	State AL	Zip Code 35801
FEC ID number of contributing federal political committee. C	Name of Employer Huntsville Compounding Pharmacy	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Jim Gillespie		Date of Receipt MM / DD / YYYY 09 / 18 / 2011 Transaction ID : A2011-2806809
Mailing Address 2121 Whitesburg Drive		Amount of Each Receipt this Period 100.00
City Huntsville	State AL	Zip Code 35801
FEC ID number of contributing federal political committee. C	Name of Employer Huntsville Compounding Pharmacy	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Jim Gillespie		Date of Receipt MM / DD / YYYY 10 / 18 / 2011 Transaction ID : A2011-2972795
Mailing Address 2121 Whitesburg Drive		Amount of Each Receipt this Period 100.00
City Huntsville	State AL	Zip Code 35801
FEC ID number of contributing federal political committee. C	Name of Employer Huntsville Compounding Pharmacy	Occupation Pharmacist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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 11 OF 24
(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. Jim Gillespie
Full Name (Last, First, Middle Initial)
Mailing Address 2121 Whitesburg Drive
City Huntsville State AL Zip Code 35801
FEC ID number of contributing federal political committee. **C**
Name of Employer Huntsville Compounding Pharmacy Occupation Pharmacist
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 / 2011
Transaction ID : A2011-3142434
Amount of Each Receipt this Period
100.00

B. Jim Gillespie
Full Name (Last, First, Middle Initial)
Mailing Address 2121 Whitesburg Drive
City Huntsville State AL Zip Code 35801
FEC ID number of contributing federal political committee. **C**
Name of Employer Huntsville Compounding Pharmacy Occupation Pharmacist
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 / 2011
Transaction ID : A2011-3420592
Amount of Each Receipt this Period
100.00

C. Eddie Glover
Full Name (Last, First, Middle Initial)
Mailing Address 2515 College Avenue
City Conway State AR Zip Code 72034
FEC ID number of contributing federal political committee. **C**
Name of Employer US Compounding Inc. Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 18 / 2011
Transaction ID : A2011-1670897
Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 12 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Eddie Glover		Date of Receipt MM / DD / YYYY 08 / 18 / 2011 Transaction ID : A2011-2536252
Mailing Address 2515 College Avenue		Amount of Each Receipt this Period 100.00
City Conway	State AR	
Zip Code 72034		Aggregate Year-to-Date ▼ 700.00
FEC ID number of contributing federal political committee. C		
Name of Employer US Compounding Inc.	Occupation Pharmacist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. Eddie Glover		Date of Receipt MM / DD / YYYY 09 / 18 / 2011 Transaction ID : A2011-2806810
Mailing Address 2515 College Avenue		Amount of Each Receipt this Period 100.00
City Conway	State AR	
Zip Code 72034		Aggregate Year-to-Date ▼ 800.00
FEC ID number of contributing federal political committee. C		
Name of Employer US Compounding Inc.	Occupation Pharmacist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. Eddie Glover		Date of Receipt MM / DD / YYYY 10 / 18 / 2011 Transaction ID : A2011-2972796
Mailing Address 2515 College Avenue		Amount of Each Receipt this Period 100.00
City Conway	State AR	
Zip Code 72034		Aggregate Year-to-Date ▼ 900.00
FEC ID number of contributing federal political committee. C		
Name of Employer US Compounding Inc.	Occupation Pharmacist	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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 13 OF 24
(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. Eddie Glover
Full Name (Last, First, Middle Initial)
Mailing Address 2515 College Avenue
City Conway State AR Zip Code 72034
FEC ID number of contributing federal political committee. **C**
Name of Employer US Compounding Inc. Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 18 / 2011
Transaction ID : A2011-3142435
Amount of Each Receipt this Period
100.00

B. Eddie Glover
Full Name (Last, First, Middle Initial)
Mailing Address 2515 College Avenue
City Conway State AR Zip Code 72034
FEC ID number of contributing federal political committee. **C**
Name of Employer US Compounding Inc. Occupation Pharmacist
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
12 / 18 / 2011
Transaction ID : A2011-3420593
Amount of Each Receipt this Period
100.00

c. Charles Hodge
Full Name (Last, First, Middle Initial)
Mailing Address 13419 Finch Brook Drive
City Cypress State TX Zip Code 77429
FEC ID number of contributing federal political committee. **C**
Name of Employer Richie Ray Pharmacy & Medical Supply Occupation RPh Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 21 / 2011
Transaction ID : A2011-2972797
Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5200.00
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 OF 24
(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. Ms. Shelle Honeycutt
 Full Name (Last, First, Middle Initial)
 Mailing Address 1415 Buchans Dr
 City Spring State TX Zip Code 77386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Richie's Pharmacy Pharmacist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2011
Transaction ID : A2011-2972798
 Amount of Each Receipt this Period
 5000.00

B. Brenda Pavlic
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Albe Drive Unit 1
 City Newark State DE Zip Code 58104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Save Way Compounding Pharmacy Pharmacist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2011
Transaction ID : A2011-1670898
 Amount of Each Receipt this Period
 50.00

C. Brenda Pavlic
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Albe Drive Unit 1
 City Newark State DE Zip Code 58104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Save Way Compounding Pharmacy Pharmacist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 18 / 2011
Transaction ID : A2011-2536253
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5100.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 24
(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

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. Brenda Pavlic
Full Name (Last, First, Middle Initial)
Mailing Address 31 Albe Drive Unit 1
City Newark State DE Zip Code 58104
FEC ID number of contributing federal political committee. **C**
Name of Employer Save Way Compounding Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **650.00**

Date of Receipt **09 / 18 / 2011**
Transaction ID : A2011-2806811
Amount of Each Receipt this Period **50.00**

B. Brenda Pavlic
Full Name (Last, First, Middle Initial)
Mailing Address 31 Albe Drive Unit 1
City Newark State DE Zip Code 58104
FEC ID number of contributing federal political committee. **C**
Name of Employer Save Way Compounding Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **700.00**

Date of Receipt **10 / 18 / 2011**
Transaction ID : A2011-2972799
Amount of Each Receipt this Period **50.00**

C. Brenda Pavlic
Full Name (Last, First, Middle Initial)
Mailing Address 31 Albe Drive Unit 1
City Newark State DE Zip Code 58104
FEC ID number of contributing federal political committee. **C**
Name of Employer Save Way Compounding Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **750.00**

Date of Receipt **11 / 18 / 2011**
Transaction ID : A2011-3142436
Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **150.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 24
	<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. Brenda Pavlic
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 Albe Drive Unit 1
 City Newark State DE Zip Code 58104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Save Way Compounding Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **12 / 18 / 2011**
Transaction ID : A2011-3420594
 Amount of Each Receipt this Period **50.00**

B. Sam Pratt
 Full Name (Last, First, Middle Initial)
 Mailing Address 393 Maitland Avenue
 City Altamonte Springs State FL Zip Code 32701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pharmacy Specialists Occupation RPh FIACP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **08 / 19 / 2011**
Transaction ID : A2011-2536254
 Amount of Each Receipt this Period **1000.00**

C. Kelly Richard
 Full Name (Last, First, Middle Initial)
 Mailing Address 27883 Deer Run
 City Montgomery State TX Zip Code 77356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Richie's Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **10 / 21 / 2011**
Transaction ID : A2011-2972800
 Amount of Each Receipt this Period **5000.00**

SUBTOTAL of Receipts This Page (optional).....	6050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 24
	<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. David Rochefort
 Full Name (Last, First, Middle Initial)
 Mailing Address 262 Cottage Street Suite 116
 City Littleton State NH Zip Code 03561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Northern New England Compounding Pharm Occupation 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
 12 / 18 / 2011
Transaction ID : A2011-3420595
 Amount of Each Receipt this Period
500.00

B. Misty Rucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 13204 Larks View Point
 City Fort Worth State TX Zip Code 76214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Richie's Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 15 / 2011
Transaction ID : A2011-3420587
 Amount of Each Receipt this Period
2000.00

C. David Strickler
 Full Name (Last, First, Middle Initial)
 Mailing Address 18303 Champion Forest Drive
 City Spring State TX Zip Code 77379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Intl Academy of Compounding Pharmacist Occupation Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 19 / 2011
Transaction ID : A2011-2536256
 Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....	7050.00
TOTAL This Period (last page this line number only).....	26950.00

**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)

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

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2011

Transaction ID : B391637

Amount of Each Disbursement this Period

226.82

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 85072

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2011

Transaction ID : B391639

Amount of Each Disbursement this Period

77.00

Full Name (Last, First, Middle Initial)

C. Fitts, Roberts & Co PC

Mailing Address 5718 Westheimer, Ste 800

City Houston State TX Zip Code 77057

Purpose of Disbursement
Admin expen-Legal fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		11		2011

Transaction ID : B388733

Amount of Each Disbursement this Period

300.00

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

603.82

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

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. 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: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2011

Transaction ID : B395674

Amount of Each Disbursement this Period

35.14

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address PO Box 85072

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2011

Transaction ID : B395676

Amount of Each Disbursement this Period

92.75

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address PO Box 85072

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fee

001
Category/
Type

Candidate Name

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

MM / DD / YYYY
08 / 29 / 2011

Transaction ID : B395677

Amount of Each Disbursement this Period

4.95

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

132.84

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)

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 85072

City Phoenix State AZ Zip Code 85072

Purpose of Disbursement
Credit Card Processing Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2011

Transaction ID : B399449

Amount of Each Disbursement this Period

215.25

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: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2011

Transaction ID : B399450

Amount of Each Disbursement this Period

37.22

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: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	04	/	2011

Transaction ID : B400016

Amount of Each Disbursement this Period

39.12

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

291.59

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

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 650282

City Dallas State TX Zip Code 75265

Purpose of Disbursement
Bank Service Charge

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	1	1

Transaction ID : B401959

Amount of Each Disbursement this Period

4	2	4	.	1	3
---	---	---	---	---	---

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

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	1	1

Transaction ID : B403554

Amount of Each Disbursement this Period

1	1	3	.	5	7
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. IACP

Mailing Address 4638 Riverstone Blvd Ste 100

City Missouri City State TX Zip Code 77459

Purpose of Disbursement
Admin expen-Report prep reimbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

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

Transaction ID : B388731

Amount of Each Disbursement this Period

5	3	4	.	2	1	7
---	---	---	---	---	---	---

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

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

5	8	7	.	9	8	7
---	---	---	---	---	---	---

5	8	7	.	9	8	7
---	---	---	---	---	---	---

**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)

Full Name (Last, First, Middle Initial)

A. Paymentech

Mailing Address 14221 Dallas Pkwy Bldg Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Credit Card Processing Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	06	/	2011

Transaction ID : B399451

Amount of Each Disbursement this Period

28.50

Full Name (Last, First, Middle Initial)

B. Paymentech

Mailing Address 14221 Dallas Pkwy Bldg Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Credit Card Processing Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	04	/	2011

Transaction ID : B400017

Amount of Each Disbursement this Period

28.50

Full Name (Last, First, Middle Initial)

C. Paymentech

Mailing Address 14221 Dallas Pkwy Bldg Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Credit Card Processing Fee

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼
Not Applicable

State: TX District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	03	/	2011

Transaction ID : B401961

Amount of Each Disbursement this Period

28.50

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

85.50

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

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Paymentech

Mailing Address 14221 Dallas Pkwy Bldg Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Credit Card Processing Fee

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: TX District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	05	/	2011

Transaction ID : B403555

Amount of Each Disbursement this Period

28.50

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

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: VA District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	11	/	2011

Transaction ID : B388736

Amount of Each Disbursement this Period

2109.00

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

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: VA District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	04	/	2011

Transaction ID : B390223

Amount of Each Disbursement this Period

1132.78

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

3270.28

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

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. 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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: VA District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2011

Transaction ID : B395897

Amount of Each Disbursement this Period

2120.74

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: VA District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2011

Transaction ID : B397403

Amount of Each Disbursement this Period

1038.98

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

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2011
 Primary General
 Other (specify) ▼

State: VA District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		16		2011

Transaction ID : B401949

Amount of Each Disbursement this Period

1038.98

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

4198.70

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

14462.60
