27039490213

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED FEC MAIL CENTER

2007 JUL 27 AN 10: 20

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5		
International Academy	of Compounding Pharma	cists Political Action Co	mm-		
1					
ADDRESS (number and street)	P.O. Box 1365				
(Check if address	<u> </u>	1_1_1_1_1_1_1	111111		لببب
is changed)	Sugar Land	_1	تسا لٽٽا	77487	ـــــا
COMMITTEE'S E-MAIL ADDRES	•	CITY	STATE	ZIP C	CODE 📥
iacpinfo@iacprx.org;ldl					1
1				, , ,	
COMMITTEE'S WEB PAGE ADD	DESS (LIDL)	_ 		††	-
COMMITTEES WEB PAGE ADD	ress (orl)				1
 			11111		<u> </u>
				44	
COMMITTEE'S FAX NUMBER 281-495-0602	لبيا				
2. DATE (M M / D 2	D				
3. FEC IDENTIFICATION NUM	IBER C	C00424143	e e e e e e e e e e e e e e e e e e e		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)			
I certify that I have examined this Sta	tement and to the best of my know	rledge and belief it is true, correct	and complete		
Type or Print Name of Treasurer	L.D. King		······································		1
Signature of Treasurer	L. 5.7		Date 07	26	20,07
NOTE: Submission of false, erroneou	is, or incomplete information may s			J.S.C. S	\$437g.
Office Use Only		For further informatio Federal Election Comm Toll Free 800-424-9530	ission FE	i I	ORM 1 02/2003)

FEC -om 1 (Revised 02/2003)	i	Page 2
5. TYPE OF COMMITTEE (Check One)		
(a) This committee is a principal campaign committee. (Complete the candidate information below.)		
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the c	andidate
Name of Candidate :		
Candidate Office Sought: House Senate President		itate
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate	 	
(d) This committee is a (National, State (or subordinate) committee of the	(Demo	 pcratic, blican,etc.) Party.
(e) This committee is a separate segregated fund	}	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee.	ited fu	nd or party
6. Name of Any Connected Organization or Affiliated Committee		
International Academy of Compounding Pharamcists		
P.O. Box 1365		
Mailing Address	T	
Superhand	7749	<u> </u>
Sugar Land TX	7748	<u>7</u>]- <u> 1 i 1 </u>
CITY▲ STATE▲	ZIF	CODE A
Relationship Connected	<u> </u> <u>-</u>	
Type of Connected Organization:	 	
Corporation Corporation w/o Capital Stock Labor Organ	 ization	
X Membership Organization Trade Association Cooperative		

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W	/rite or Type Committee Name				
	International Academy o	f Compounding Pharmacists Pol	itical Action Committee (COM-	İ	
7.			nber optional), and position of the p	erson i	1
	Full Name L.D. Kin	g lllll _llllll		. J -	<u> </u>
	Mailing Address	P.O. Box 1365			
		Sugar Land		7748	7 _
	Title or Position ♥	CITY A	STATE	ZIP	CODE A
	Custodian d	of Records	Telephone number =	933	
В.		lesignated agent (e.g., assistant tre	nal) of the treasurer of the committee asurer).	; and th	
	•	Sugar Land	TX	7748	7
	Title or Position ♥	CITY ▲	STATE	ZIF	CODE A
	Treasurer		Telephone number	933	8400
	Full Name of Designated Agent	·			
	Mailing Address			<u> </u>	
		·			
	Title or Position ♥	CITY A	STATE A	ZIP	CODE A
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	Telephone number		

_	FEC Form 1	I (Revised 02/2003)	Ŀ	Pa	ge	4		
١.	Banks or Other D safety deposit box Name of Bank, De	xes or maintains funds.	nt:	S, I	rent	ts		
		Wachovia	L		ــــــــــــــــــــــــــــــــــــــ	1_	<u></u>	<u>. </u>
	Mailing Address	5410 Highway 6	L	<u></u>	ــــــــــــــــــــــــــــــــــــــ	L		ı
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		Missouri City 77459	9	<u> </u>	- [_			
		CITY A STATE A ZIP C	CC	םכ	E	Δ		

Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS		
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USPS Express Mail	Postmarked		
Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify): UfS	Shipping Date		
Ne	ext Business Day Delivery		
Received from House Records & Registration	Date of Receipt Office		
Received from Senate Public Records Office	Date of Receipt		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Date of Receipt or Postmarked		
Inp	7/27/07		
(3/2005)	DATE PREPARED		