

**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="2014"/>	<input type="text" value="18034.33"/>	<input type="text" value="18034.33"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="17242.79"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="64800.00"/>	<input type="text" value="75250.00"/>
(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="82042.79"/>	<input type="text" value="93284.33"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="28855.65"/>	<input type="text" value="40097.19"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="53187.14"/>	<input type="text" value="53187.14"/>
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).....	61050.00	70550.00
(ii) Unitemized	3750.00	4700.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	64800.00	75250.00
(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)	64800.00	75250.00
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))..... ▶	64800.00	75250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	64800.00	75250.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	14105.65	19847.19
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14105.65	19847.19
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14750.00	20250.00
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)) ..	28855.65	40097.19
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28855.65	40097.19

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)	64800.00	75250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64800.00	75250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14105.65	19847.19
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14105.65	19847.19

: 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: (check only one)	PAGE 7 OF 38
	<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	

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. Tod Adams
Full Name (Last, First, Middle Initial)
Mailing Address 1401 Harrodsburg Rd
City Lexington State KY Zip Code 40504
FEC ID number of contributing federal political committee. **C**
Name of Employer Office Park Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 05 / 2014**
Transaction ID : A2014-1375855
Amount of Each Receipt this Period **500.00**

B. Eyad Alsabbagh
Full Name (Last, First, Middle Initial)
Mailing Address 7731 Cox Lane
City West Chester State OH Zip Code 45069
FEC ID number of contributing federal political committee. **C**
Name of Employer Biomed Pharmacy Occupation PhD
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt **05 / 14 / 2014**
Transaction ID : A2014-1341301
Amount of Each Receipt this Period **1000.00**

C. Derick Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 209 Route 101
City Bedford State NH Zip Code 03110
FEC ID number of contributing federal political committee. **C**
Name of Employer JE Pierce Apothecary Occupation Pharmacist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2500.00**

Date of Receipt **06 / 05 / 2014**
Transaction ID : A2014-1376516
Amount of Each Receipt this Period **2500.00**

SUBTOTAL of Receipts This Page (optional)..... **4000.00**
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 8 OF 38
(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. Stephen Anderson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1266 32nd Ave. N.
 City State Zip Code
 St. Cloud MN 56303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 The Apothecary Pharmacist
 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
 05 / 14 / 2014
Transaction ID : A2014-1341302
 Amount of Each Receipt this Period
 1000.00

B. Mazen Baisa
 Full Name (Last, First, Middle Initial)
 Mailing Address 23815 Northwestern Highway
 City State Zip Code
 Southfield MI 48075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Biomed Specialty Pharmacy PhD
 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
 05 / 14 / 2014
Transaction ID : A2014-1341303
 Amount of Each Receipt this Period
 1000.00

C. Doug Baker
 Full Name (Last, First, Middle Initial)
 Mailing Address 1022 E. Cherry
 City State Zip Code
 Cushing OK 74023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Baker Pharmacy 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
 06 / 05 / 2014
Transaction ID : A2014-1376518
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 38
(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. Jeff Barton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 Breuckman Drive
 City State Zip Code
 Crown Point IN 46307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Custom Dosing P.C. Pharmacist
 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
 06 / 18 / 2014
Transaction ID : A2014-1376730
 Amount of Each Receipt this Period
 300.00

B. Jacob "Jake" Beckel
 Full Name (Last, First, Middle Initial)
 Mailing Address 5710 Hoover Blvd.
 City State Zip Code
 Tampa FL 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Anazao Health Corp. RPh FIACP
 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
 04 / 23 / 2014
Transaction ID : A2014-1094516
 Amount of Each Receipt this Period
 1000.00

C. Michael Blaire
 Full Name (Last, First, Middle Initial)
 Mailing Address 7316 East Thomas Road
 City State Zip Code
 Scottsdale AZ 85251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Diamondback Drugs 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
 04 / 23 / 2014
Transaction ID : A2014-1094517
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00
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 38
<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. Mark Bradford		Date of Receipt MM / DD / YYYY 06 / 18 / 2014 Transaction ID : A2014-1376732
Mailing Address 7420 Guthrie Drive North Suite 109		Amount of Each Receipt this Period 500.00
City Southhaven	State MS Zip Code 38671	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 500.00
Name of Employer Advanced Pharmacy Solutions	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Chris Burgess		Date of Receipt MM / DD / YYYY 04 / 18 / 2014 Transaction ID : A2014-1094518
Mailing Address 322 N. Ingleside Street		Amount of Each Receipt this Period 100.00
City Fairhope	State AL Zip Code 36532	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 900.00
Name of Employer Heritage Compounding Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Chris Burgess		Date of Receipt MM / DD / YYYY 05 / 18 / 2014 Transaction ID : A2014-1341324
Mailing Address 322 N. Ingleside Street		Amount of Each Receipt this Period 100.00
City Fairhope	State AL Zip Code 36532	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 1000.00
Name of Employer Heritage Compounding Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	700.00
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 11 OF 38
	<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. 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
06 / 18 / 2014
Transaction ID : A2014-1376733

Amount of Each Receipt this Period
100.00

B. Kim Burkes
Full Name (Last, First, Middle Initial)

Mailing Address 2302 South Union Avenue

City Tacoma State WA Zip Code 98405

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

Name of Employer Union Avenue Compounding Pharmacy Occupation RPh, BCNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 05 / 2014
Transaction ID : A2014-1376520

Amount of Each Receipt this Period
250.00

C. Dale Coker
Full Name (Last, First, Middle Initial)

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 Cherokee Custom Script Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
04 / 23 / 2014
Transaction ID : A2014-1094519

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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 38
	<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. Mike Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 2544 McLeod
 City Saginaw State MI Zip Code 48604
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Healthway Compounding Pharmacy Occupation RPh FIACP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt
 05 / 30 / 2014
Transaction ID : A2014-1341330
 Amount of Each Receipt this Period
 1000.00

B. Sam Costello
 Full Name (Last, First, Middle Initial)
 Mailing Address 2422-J Danville Road SW
 City Decatur State AL Zip Code 35603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pill Box Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt
 06 / 05 / 2014
Transaction ID : A2014-1376521
 Amount of Each Receipt this Period
 1000.00

C. David Creedy
 Full Name (Last, First, Middle Initial)
 Mailing Address 498 Wythe Creek Road
 City Poquoson State VA Zip Code 23662
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Poquoson Pharmacy Occupation Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 1000.00

Date of Receipt
 05 / 14 / 2014
Transaction ID : A2014-1341297
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 13 OF 38
	<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. Kort Delost
 Full Name (Last, First, Middle Initial)
 Mailing Address 47 East 500 South
 City Bountiful State UT Zip Code 84010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Medicine Shoppe Occupation RPh President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2014
Transaction ID : A2014-1341315
 Amount of Each Receipt this Period
 500.00

B. Jay Dorsch
 Full Name (Last, First, Middle Initial)
 Mailing Address 3455 Wilkens Avenue
 City Baltimore State MD Zip Code 21229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Voshell's Pharmacy 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
 05 / 14 / 2014
Transaction ID : A2014-1341298
 Amount of Each Receipt this Period
 250.00

C. Vince Ettare
 Full Name (Last, First, Middle Initial)
 Mailing Address 925 Village Hwy, Ste B PO Box 1005
 City Rustburg State VA Zip Code 24558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Rustburg Family 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
 05 / 14 / 2014
Transaction ID : A2014-1341304
 Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 38
(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)

Full Name (Last, First, Middle Initial)
A. Cheri Garvin

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 Leesburg Pharmacy	Occupation Rph
---------------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
04	/	18	/	2014

Transaction ID : A2014-1094520

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)
B. Cheri Garvin

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 Leesburg Pharmacy	Occupation Rph
---------------------------------------	-------------------

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
05	/	18	/	2014

Transaction ID : A2014-1341325

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)
C. Cheri Garvin

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 Leesburg Pharmacy	Occupation Rph
---------------------------------------	-------------------

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
06	/	18	/	2014

Transaction ID : A2014-1376841

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 15 OF 38
	<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 04 / 18 / 2014 Transaction ID : A2014-1094521
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 ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Jim Gillespie		Date of Receipt MM / DD / YYYY 05 / 18 / 2014 Transaction ID : A2014-1341326
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 ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jim Gillespie		Date of Receipt MM / DD / YYYY 06 / 18 / 2014 Transaction ID : A2014-1376842
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 ▼ 600.00	

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 16 OF 38
	<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. 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 ▼ 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 13 / 2014
Transaction ID : A2014-1341293

Amount of Each Receipt this Period
 1000.00

B. Brad Grant
Full Name (Last, First, Middle Initial)

Mailing Address 1112 W. 6th Street Suite 102

City Lawrence State KS Zip Code 66044

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

Name of Employer King Pharmacy Occupation 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
 05 / 14 / 2014
Transaction ID : A2014-1341305

Amount of Each Receipt this Period
 250.00

C. Joe Grasela
Full Name (Last, First, Middle Initial)

Mailing Address 1875 3rd Avenue

City San Diego State CA Zip Code 92101

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

Name of Employer University Compounding Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 23 / 2014
Transaction ID : A2014-1094522

Amount of Each Receipt this Period
 3000.00

SUBTOTAL of Receipts This Page (optional).....▶	4250.00
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 38
<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. Gary Grove
Full Name (Last, First, Middle Initial)
Mailing Address 1522 East Sunshine
City Springfield State MO Zip Code 65804
FEC ID number of contributing federal political committee. **C**
Name of Employer Grove Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt
06 / 26 / 2014
Transaction ID : A2014-1376856
Amount of Each Receipt this Period
300.00

B. Diane Harshbarger
Full Name (Last, First, Middle Initial)
Mailing Address 109 Jack White Drive
City Kingsport State TN Zip Code 37664
FEC ID number of contributing federal political committee. **C**
Name of Employer Custom Compounding Pharmacy of America Occupation PhD
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
06 / 05 / 2014
Transaction ID : A2014-1376610
Amount of Each Receipt this Period
1000.00

C. Lucy Hazebrook
Full Name (Last, First, Middle Initial)
Mailing Address 360 Cypress Bend Dr
City Gulf Shores State AL Zip Code 36542
FEC ID number of contributing federal political committee. **C**
Name of Employer Medi-Stat Rx Occupation Pharmacist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000.00

Date of Receipt
05 / 17 / 2014
Transaction ID : A2014-1341323
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00
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 18 OF 38
	<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)

Full Name (Last, First, Middle Initial) A. Henry Herring			Date of Receipt
Mailing Address 912 S.16th Street			<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : A2014-1341329
Wilmington	NC	28401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Medical Center Pharmacy	Pharmacist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Mr. Dave Hill			Date of Receipt
Mailing Address 12860 W. Cedar Drive Suite 210			<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : A2014-1376611
Lakewood	CO	80228	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="2500.00"/>
Name of Employer	Occupation		
Belmar Pharmacy	Owner		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Shawn Hodges			Date of Receipt
Mailing Address 6095 Pine Mountain Road, NW, Suite			<input type="text" value="05"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : A2014-1341306
Kennesaw	GA	30152	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="500.00"/>
Name of Employer	Occupation		
Innovation Compounding	PharmD		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 19 OF 38
	<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)

Full Name (Last, First, Middle Initial) A. Sandra How		Date of Receipt
Mailing Address 128 North Rockfern Court		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City State Zip Code The Woodlands TX 77380		Transaction ID : A2014-1376707
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Intl Academy of Compounding Pharmacist	Occupation PharmD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Bob Hoye		Date of Receipt
Mailing Address 4330 South Manhattan Ave.		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City State Zip Code Tampa FL 33611		Transaction ID : A2014-1094523
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Name of Employer Hoye's Pharmacy	Occupation RPh FIACP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) C. Steve Irsfeld		Date of Receipt
Mailing Address 33 9th St W		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City State Zip Code Dickinson ND 58601		Transaction ID : A2014-1376709
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Irsfeld Pharmacy	Occupation Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 20 OF 38
	<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. Jacob G Jackson
 Full Name (Last, First, Middle Initial)
 Mailing Address 10001 Fairchild Way
 City Coral Gables State FL Zip Code 33156
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fagron North America Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : A2014-1341307
 Amount of Each Receipt this Period
 2000.00

B. Thomas Johnsrud
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 640
 City Conrad State IA Zip Code 50621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer NuCara Occupation RPh President
 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
 06 / 05 / 2014
Transaction ID : A2014-1376710
 Amount of Each Receipt this Period
 1000.00

C. Mike Leake
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 726
 City Danville State KY Zip Code 40423-0726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Louisville Pharmacy Occupation RPh 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
 06 / 05 / 2014
Transaction ID : A2014-1376712
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	3250.00
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 21 OF 38
	<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. Warren Lee
Full Name (Last, First, Middle Initial)
Mailing Address 4300 Grand Avenue
City Ft. Smith State AR Zip Code 72904
FEC ID number of contributing federal political committee. **C**
Name of Employer Lee Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
06 / 05 / 2014
Transaction ID : A2014-1376713
Amount of Each Receipt this Period
2500.00

B. Jonathan Lehan
Full Name (Last, First, Middle Initial)
Mailing Address 1850 Gateway Drive
City Sycamore State IL Zip Code 60178
FEC ID number of contributing federal political committee. **C**
Name of Employer Lehan Drugs Occupation PharmD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 05 / 2014
Transaction ID : A2014-1376714
Amount of Each Receipt this Period
250.00

C. Walter Lizza
Full Name (Last, First, Middle Initial)
Mailing Address 166 McClelland Town Road
City Uniontown State PA Zip Code 15401
FEC ID number of contributing federal political committee. **C**
Name of Employer Lizza's Apothecare Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
06 / 05 / 2014
Transaction ID : A2014-1376715
Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00
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 22 OF 38
	<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. Sonia Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 6627 South Dixie Highway
City Miami State FL Zip Code 33143
FEC ID number of contributing federal political committee. **C**
Name of Employer Marco Drugs & Compounding Occupation 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
06 / 05 / 2014
Transaction ID : A2014-1376716
Amount of Each Receipt this Period
500.00

B. Gary McCrory
Full Name (Last, First, Middle Initial)
Mailing Address 6151 Dew Drive #100
City El Paso State TX Zip Code 79912-3901
FEC ID number of contributing federal political committee. **C**
Name of Employer McCrory's Pharmacy Inc. Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 14 / 2014
Transaction ID : A2014-1341308
Amount of Each Receipt this Period
1000.00

C. Mr. Joe Moore
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3240
City Cleveland State TN Zip Code 37320
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Center Compounding Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2014
Transaction ID : A2014-1341294
Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 23 OF 38
	<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. Gary Newton
 Full Name (Last, First, Middle Initial)
 Mailing Address 915 Hay Street
 City Fayetteville State NC Zip Code 28305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Prescription Center Occupation Pharmaceutical Chemist
 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
 06 / 05 / 2014
Transaction ID : A2014-1376718
 Amount of Each Receipt this Period
 1000.00

B. Kevin Oberlander
 Full Name (Last, First, Middle Initial)
 Mailing Address 705 E. Main Avenue
 City Bismarck State ND Zip Code 58501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dakota Pharmacy Occupation Pharmacist
 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
 04 / 23 / 2014
Transaction ID : A2014-1094524
 Amount of Each Receipt this Period
 1000.00

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 ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : A2014-1341299
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 24 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Brenda Pavlic
Full Name (Last, First, Middle Initial)

Mailing Address 31 Albe Drive Unit 1

City Newark	State DE	Zip Code 58104
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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 ▼
1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2014

Transaction ID : A2014-1341327

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
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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 ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

Transaction ID : A2014-1376846

Amount of Each Receipt this Period
50.00

C. Lindsey Pickle
Full Name (Last, First, Middle Initial)

Mailing Address 11940 Alpharetta Hwy. Suite 106

City Alpharetta	State GA	Zip Code 30004
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FEC ID number of contributing federal political committee. **C**

Name of Employer North Fulton Compounding Pharmacy	Occupation Pharmacist
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2014

Transaction ID : A2014-1376722

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
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 25 OF 38
	<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. Scott Popyk
Full Name (Last, First, Middle Initial)

Mailing Address 39303 Country Club Drive Ste. A-26

City Farmington Hills State MI Zip Code 48331-3482

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

Name of Employer Health Dimensions Occupation RPh FIACP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2014
Transaction ID : A2014-1376723

Amount of Each Receipt this Period
 1000.00

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
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2014
Transaction ID : A2014-1341300

Amount of Each Receipt this Period
 1000.00

C. Tim Redline
Full Name (Last, First, Middle Initial)

Mailing Address 401 West 33rd Street, Suite 100

City Hastings State NE Zip Code 68901

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

Name of Employer Redline Pharmacy Solutions Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2014
Transaction ID : A2014-1376725

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
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 26 OF 38
	<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. Kim Richardson
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Pitt Street/P.O. Box 158
 City State Zip Code
 Mt. Pleasant SC 29464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pitt Street Pharmacy 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
 05 / 14 / 2014
Transaction ID : A2014-1341310
 Amount of Each Receipt this Period
 500.00

B. Steve Rings
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 W. Main Street
 City State Zip Code
 Montpelier OH 43543
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Rings Pharmacy 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
 06 / 05 / 2014
Transaction ID : A2014-1376726
 Amount of Each Receipt this Period
 500.00

C. David Rochefort
 Full Name (Last, First, Middle Initial)
 Mailing Address 262 Cottage Street Suite 116
 City State Zip Code
 Littleton NH 03561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Eastern States Compounding Pharmacy 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
 05 / 18 / 2014
Transaction ID : A2014-1341328
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 27 OF 38
<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. 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 Eastern States Compounding Pharmacy	Occupation Pharmacist
---	--------------------------

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
06	/	18	/	2014

Transaction ID : A2014-1376847

Amount of Each Receipt this Period
50.00

B. Sherry Ross
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1160

City Edmond	State OK	Zip Code 73083-1160
----------------	-------------	------------------------

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

Name of Employer Sherry's Discount Drug	Occupation Pharmacist
--	--------------------------

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
06	/	18	/	2014

Transaction ID : A2014-1376848

Amount of Each Receipt this Period
1000.00

C. Joseph Rossetti
Full Name (Last, First, Middle Initial)

Mailing Address 149 Shrewsbury Street

City Worcester	State MA	Zip Code 01604
-------------------	-------------	-------------------

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

Name of Employer Boulevard Pharmaceutical	Occupation 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
05	/	15	/	2014

Transaction ID : A2014-1341316

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
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 28 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Jade Schuckman
Full Name (Last, First, Middle Initial)

Mailing Address 2412 West 16th

City Bedford State IN Zip Code 47421

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

Name of Employer Medicine Plus Occupation 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
 05 / 14 / 2014
Transaction ID : A2014-1341311

Amount of Each Receipt this Period
 250.00

B. John E. Singletary
Full Name (Last, First, Middle Initial)

Mailing Address 402 W. Boughton Road

City Bolingbrook State IL Zip Code 60440

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

Name of Employer Bolingbrook Pharmacy Occupation 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
 06 / 18 / 2014
Transaction ID : A2014-1376849

Amount of Each Receipt this Period
 250.00

C. David Sparks
Full Name (Last, First, Middle Initial)

Mailing Address 9901 S. Wilcrest

City Houston State TX Zip Code 77099

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

Name of Employer PCCA Occupation RPh FIACP

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
 05 / 13 / 2014
Transaction ID : A2014-1341296

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 29 OF 38
	<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. Carl Stanley Jr.
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 249

City Gordon State GA Zip Code 31031

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

Name of Employer Gordon Drug Co. Occupation RPh President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2014
Transaction ID : A2014-1376850

Amount of Each Receipt this Period
500.00

B. Prakesh Suthar
Full Name (Last, First, Middle Initial)

Mailing Address 138 Arnett Blvd.

City Danville State VA Zip Code 24540

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

Name of Employer Kare Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2014
Transaction ID : A2014-1341312

Amount of Each Receipt this Period
500.00

C. Mark Taylor
Full Name (Last, First, Middle Initial)

Mailing Address 501 Zion Road Suite 9

City Egg Harbor Township State NJ Zip Code 08234

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

Name of Employer Jersey Shore Pharmacy Occupation Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
05 / 14 / 2014
Transaction ID : A2014-1341313

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 30 OF 38
	<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. David Upson
Full Name (Last, First, Middle Initial)
Mailing Address 155 Toney Penna Dr
City Jupiter State FL Zip Code 33458
FEC ID number of contributing federal political committee. **C**
Name of Employer Palm Beach Compounding Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2014
Transaction ID : A2014-1376851
Amount of Each Receipt this Period
250.00

B. David Upson
Full Name (Last, First, Middle Initial)
Mailing Address 155 Toney Penna Dr
City Jupiter State FL Zip Code 33458
FEC ID number of contributing federal political committee. **C**
Name of Employer Palm Beach Compounding Pharmacy Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
06 / 18 / 2014
Transaction ID : A2014-1376852
Amount of Each Receipt this Period
100.00

C. Roy Dean (R.D.) Walker
Full Name (Last, First, Middle Initial)
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 C&D Drug Store Occupation Pharmacist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 15 / 2014
Transaction ID : A2014-1341320
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	850.00
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 31 OF 38
	<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)

Full Name (Last, First, Middle Initial)
A. Gene Woo

Mailing Address 11851-A Wilcrest

City Houston	State TX	Zip Code 77031
-----------------	-------------	-------------------

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

Name of Employer Compounding Shop	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
 05 / 15 / 2014
Transaction ID : A2014-1341321

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Douglas Yoch

Mailing Address 3330 Monroe Road Suite A

City Charlotte	State NC	Zip Code 28205
-------------------	-------------	-------------------

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

Name of Employer Stanley Apothecary	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
 06 / 05 / 2014
Transaction ID : A2014-1376729

Amount of Each Receipt this Period
1000.00

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

Mailing Address

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

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	61050.00

**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: 2014
 Primary General Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	4

Transaction ID : B496647

Amount of Each Disbursement this Period

5	4	.	5	8
---	---	---	---	---

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: 2014
 Primary General Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	4

Transaction ID : B500012

Amount of Each Disbursement this Period

1	6	5	.	4	8
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement
Admin expen-Fundraising Exp.

003

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	1	4

Transaction ID : B495964

Amount of Each Disbursement this Period

3	4	3	.	0	0
---	---	---	---	---	---

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

3	6	5	.	0	6
---	---	---	---	---	---

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

3	6	5	.	0	6
---	---	---	---	---	---

**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. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement
Admin expen-Fundraising Exp.

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	1	4

Transaction ID : B496776

Amount of Each Disbursement this Period

2	4	0	8	.	0	0
---	---	---	---	---	---	---

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: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	4

Transaction ID : B506144

Amount of Each Disbursement this Period

4	9	8	.	1	9
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement
Admin expen-Fundraising Exp.

003

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	4

Transaction ID : B498447

Amount of Each Disbursement this Period

2	6	3	.	2	0	0
---	---	---	---	---	---	---

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

5	5	3	.	8	1	9
---	---	---	---	---	---	---

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

5	5	3	.	8	1	9
---	---	---	---	---	---	---

**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. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement Admin expen-Fundraising Exp.

003

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2014

Transaction ID : B499278

Amount of Each Disbursement this Period

938.00

Full Name (Last, First, Middle Initial)

B. JB & Associates

Mailing Address 2011 Waugh Drive

City Houston State TX Zip Code 77006

Purpose of Disbursement Admin expen-Fundraising Exp.

003

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2014

Transaction ID : B499856

Amount of Each Disbursement this Period

1372.00

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: 2014 Primary General Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2014

Transaction ID : B495962

Amount of Each Disbursement this Period

1135.08

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

3445.08

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. 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.

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Not Applicable

Date of Disbursement

/ /

Transaction ID : B496774

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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"/> 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. Salmon for Congress

Mailing Address PO Box 1290

City Mesa State AZ Zip Code 85211

Purpose of Disbursement
Contribution

011

Candidate Name

Matt Salmon

Category/
Type

Office Sought: House
 Senate
 President
State: AZ District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B499683

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

Candidate Name

Gus Bilirakis

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B499674

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Rodney Davis for Congress

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568

Purpose of Disbursement
Contribution

011

Candidate Name

Rodney Davis

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 13

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B497582

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

5	2	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Friends of Michelle

Mailing Address P.O. Box 25422

City Albuquerque State NM Zip Code 87125

Purpose of Disbursement Contribution

011

Candidate Name

Michelle Grisham

Category/
Type

Office Sought: House
 Senate
 President
State: NM District: 01

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	1	4

Transaction ID : B499855

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Jim Renacci for Congress

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281

Purpose of Disbursement Contribution

011

Candidate Name

James B Renacci

Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	4

Transaction ID : B494462

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Marino for Congress

Mailing Address PO Box 653

City Williamsport State PA Zip Code 17703

Purpose of Disbursement Contribution

011

Candidate Name

Thomas Marino

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 10

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	4

Transaction ID : B496978

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0

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

3	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

International Academy of Compounding Pharmacists PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Michael Burgess for Congress

Mailing Address PO Box 2334

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Contribution

011

Candidate Name

Michael C. Burgess

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 26

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : B498064

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Morgan Griffith for Congress

Mailing Address PO Box 361

City State Zip Code
Christiansburg VA 24068

Purpose of Disbursement
Contribution

011

Candidate Name

H. Morgan Griffith

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	4

Transaction ID : B496976

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Morgan Griffith for Congress

Mailing Address PO Box 361

City State Zip Code
Christiansburg VA 24068

Purpose of Disbursement
Contribution

011

Candidate Name

H. Morgan Griffith

Category/
Type

Office Sought: House
 Senate
 President
State: VA District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	4

Transaction ID : B496977

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

6	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0

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

1	4	7	5	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0