

**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)

Professional Compounding Centers of America Political Action Committee

Full Name (Last, First, Middle Initial)

A. TONY CARDENAS FOR CONGRESS

Mailing Address 249 E. OCEAN BLVD. SUITE 685

City LONG BEACH State CA Zip Code 90802

Purpose of Disbursement
Political Contribution

Candidate Name

TONY CARDENAS

Office Sought: House
 Senate
 President

State: CA District: 29

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2015

Transaction ID : SB23.4629

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. VALADAO FOR CONGRESS

Mailing Address 5132 N PALM AVE #227

City FRESNO State CA Zip Code 93704

Purpose of Disbursement
Political Contribution

Candidate Name

DAVID VALADAO

Office Sought: House
 Senate
 President

State: CA District: 21

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SB23.4565

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VOLUNTEERS FOR SHIMKUS

Mailing Address PO BOX 661

City COLLINSVILLE State IL Zip Code 62234

Purpose of Disbursement
Political Contribution

Candidate Name

JOHN M SHIMKUS

Office Sought: House
 Senate
 President

State: IL District: 15

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	17	/	2015

Transaction ID : SB23.4619

Amount of Each Disbursement this Period

3500.00

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

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

5500.00

75500.00
