

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Alliance for Pharmacy Compounding PAC (COMP PAC)

ADDRESS (number and street) **100 Daingerfield Road**
Suite 100
 Check if different than previously reported. (ACC) **Alexandria VA 22314**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00424143 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **Brunner, Scott, , ,**

Signature of Treasurer **Brunner, Scott, , ,** Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Alliance for Pharmacy Compounding 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="2023"/>	<input type="text" value="34817.72"/>	<input type="text" value="34817.72"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="28794.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="22239.00"/>	<input type="text" value="75200.00"/>
(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="51033.72"/>	<input type="text" value="110017.72"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13500.00"/>	<input type="text" value="72484.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37533.72"/>	<input type="text" value="37533.72"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Alliance for Pharmacy Compounding 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).....	21999.00	70870.00
(ii) Unitemized	240.00	4330.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22239.00	75200.00
(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)	22239.00	75200.00
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)).....▶	22239.00	75200.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	22239.00	75200.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	10484.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	10484.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13500.00	61000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	1000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13500.00	72484.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13500.00	72484.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	22239.00	75200.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22239.00	75200.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	10484.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	10484.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 19
	<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	

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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Hill, Dave, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3470 South Columbine Circle
 City Englewood State CO Zip Code 80113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Belmar Pharmacy Occupation (for Individual) Owner
 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
 09 / 22 / 2023
Transaction ID : A-16314
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Levidow, Lloyd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18880 N 94th PI
 City Scottsdale State AZ Zip Code 85255-5508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Civic Center Pharmacy Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 22 / 2023
Transaction ID : A-16315
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. Bhaumik, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9312 Warm Springs Circle
 City Plano State TX Zip Code 75024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Texas Star Pharmacy Occupation (for Individual) 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
 09 / 29 / 2023
Transaction ID : A-16342
 Amount of Each Receipt this Period
 1000.00
 Memo Item

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: (check only one)	PAGE 7 OF 19
	<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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Blaire, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10921 North 140 Way
 City Scottsdale State AZ Zip Code 85259-4615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wedgewood Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2023
Transaction ID : A-16316
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Bliss, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Heron Dr
 City Swedesboro State NJ Zip Code 08085-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wedgewood Pharmacy Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2023
Transaction ID : A-16317
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. Davis, Randy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9207 Stoney Mountain Drive
 City Chattanooga State TN Zip Code 37421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Wellness Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2023
Transaction ID : A-16320
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
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 19
	<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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Davis, Tenille, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7331 E Osborne Rd
 City Scottsdale State AZ Zip Code 85251-6450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Civic Center Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1881.00

Date of Receipt 09 / 29 / 2023
Transaction ID : A-16321
 Amount of Each Receipt this Period 209.00
 Memo Item

B. DeCaria, Edward, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 935 Beaver Grade Rd
 City Moon State PA Zip Code 15108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DeCaria Bros Inc Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2023
Transaction ID : A-16340
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. DeNeui, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 920 South Kimball Avenue
 City Southlake State TX Zip Code 76092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmakeio Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 29 / 2023
Transaction ID : A-16341
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2209.00
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 19
	<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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Dinno, Saad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Cherry Brook Road
 City Weston State MA Zip Code 02493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Acton Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2023
Transaction ID : A-16322
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Dube, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3700 Northwest 126th Avenue
 City Coral Springs State FL Zip Code 33065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CRE8 Pharmacy Group Occupation (for Individual) CEO
 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
 09 / 29 / 2023
Transaction ID : A-16348
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Eubanks, Gerald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1401 S Gaylord St
 City Denver State CO Zip Code 80210-2340
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Accreditation Partners Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2023
Transaction ID : A-16323
 Amount of Each Receipt this Period
 250.00
 Memo Item

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 10 OF 19
	<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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Filosi, Mark, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2023
Mailing Address 5732 Eaglemount Circle		Transaction ID : A-16324
City Lithia	State FL	Zip Code 33547
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual) Family Care Pharmacy	Occupation (for Individual) RPh	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garvin, Cheri, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2023
Mailing Address 109 Old English Court SW		Transaction ID : A-16325
City Leesburg	State VA	Zip Code 20175-2900
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer (for Individual) Leesburg Pharmacy	Occupation (for Individual) RPh	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Garvin, Cheri, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2023
Mailing Address 109 Old English Court SW		Transaction ID : A-16347
City Leesburg	State VA	Zip Code 20175-2900
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer (for Individual) Leesburg Pharmacy	Occupation (for Individual) RPh	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2800.00	

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 19
	<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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Grasela, Joseph, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2023 Transaction ID : A-16346
Mailing Address 4767 Ocean Boulevard		Amount of Each Receipt this Period 5000.00
City San Diego	State CA	Zip Code 92109
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) University Compounding	Occupation (for Individual) Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Herr, John, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2023 Transaction ID : A-16350
Mailing Address 535 East Crescent Avenue		Amount of Each Receipt this Period 1000.00
City Ramsey	State NJ	Zip Code 07446
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Town & Country Compounding and Consult	Occupation (for Individual) Pharmacist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Hrcir, Jim, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2023 Transaction ID : A-16327
Mailing Address 4835 N. O'Connor Road #130		Amount of Each Receipt this Period 50.00
City Irving	State TX	Zip Code 75062-2741
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Las Colinas Pharmacy	Occupation (for Individual) RPh	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 450.00	

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 12 OF 19
	<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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Isbell, Ginny, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2023
Mailing Address 131 Silo Hill Road		Transaction ID : A-16328
City Madison	State AL	Zip Code 35758-6116
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Madison Drug	Occupation (for Individual) Pharmacist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Jerusik, Jason, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2023
Mailing Address 223 Balligomingo Road		Transaction ID : A-16329
City Conshohocken	State PA	Zip Code 19428-2605
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.00
Name of Employer (for Individual) Advanced Rx	Occupation (for Individual) Pharmacist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2070.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kraemer, Cheri, , ,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 29 / 2023
Mailing Address 45458 269th Street		Transaction ID : A-16330
City Parker	State SD	Zip Code 57053-5244
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Pharmacy Specialties & Clinic	Occupation (for Individual) Pharmacist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	380.00
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 19
	<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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lasarso, Matt, , ,		Date of Receipt MM / DD / YYYY 09 / 29 / 2023
Mailing Address 231 East Middleton Drive		Transaction ID : A-16331
City Henderson	State NV	Zip Code 89015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Solutions Specialty Pharmacy	Occupation (for Individual) Pharmacist	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McCloskey, Bradley, , ,		Date of Receipt MM / DD / YYYY 09 / 29 / 2023
Mailing Address 186 Westchester Way		Transaction ID : A-16344
City Birmingham	State MI	Zip Code 48009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer (for Individual) University Compounding Pharmacy	Occupation (for Individual) PharmD	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Miller, David, J., ,		Date of Receipt MM / DD / YYYY 09 / 29 / 2023
Mailing Address 7945 Morse Lake Avenue Southeast		Transaction ID : A-16332
City Alto	State MI	Zip Code 49302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Keystone Pharmacy	Occupation (for Individual) Pharmacist	<input type="checkbox"/> Memo Item
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).....▶	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: PAGE 14 OF 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Navarra, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 Crossways Park Dr
 City Woodbury State NY Zip Code 11797-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town Total Compounding Center Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 09 / 29 / 2023
Transaction ID : A-16333
 Amount of Each Receipt this Period 160.00
 Memo Item

B. Navarra, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 Crossways Park Dr
 City Woodbury State NY Zip Code 11797-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town Total Compounding Center Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3400.00

Date of Receipt 09 / 29 / 2023
Transaction ID : A-16345
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Nickell, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 379 Van Ness Ave
 City Torrance State CA Zip Code 90501-7211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Nubratori Rx Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 29 / 2023
Transaction ID : A-16334
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1660.00
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 19
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Nickell, Robert, , ,

Mailing Address 379 Van Ness Ave

City Torrance State CA Zip Code 90501-7211

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

Name of Employer (for Individual) Nuibrator Rx Occupation (for Individual) Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
09 / 29 / 2023
Transaction ID : A-16343

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Patel, Gopesh, , ,

Mailing Address 12 East St

City New Hyde Park State NY Zip Code 11040-1323

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

Name of Employer (for Individual) VLS Pharmacy Occupation (for Individual) Pharmacist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
09 / 29 / 2023
Transaction ID : A-16335

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Pytlarz, Alexander, , ,

Mailing Address 330 3rd Street S

City St Petersburg State FL Zip Code 33701-4251

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

Name of Employer (for Individual) Infuserve America Occupation (for Individual) Pharmacist

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
09 / 29 / 2023
Transaction ID : A-16336

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1300.00

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 19
	<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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Sparks, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11602 Haley Hollow
 City Richmond State TX Zip Code 77407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pcca Occupation (for Individual) CEO
 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
 09 / 29 / 2023
Transaction ID : A-16349
 Amount of Each Receipt this Period
 2000.00
 Memo Item

B. Taylor, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 174 The Maine
 City Williamsburg State VA Zip Code 23185
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Williamsburg Drug Company Occupation (for Individual) 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
 09 / 29 / 2023
Transaction ID : A-16337
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. Thompson, Tara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1758 Rosehedge Way NW
 City Kennesaw State GA Zip Code 30152-7756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovation Compounding Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2023
Transaction ID : A-16338
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2150.00
TOTAL This Period (last page this line number only).....	21999.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Beth van Duyne for Congress

Mailing Address PO Box 630167

City
Irving

State
TX

Zip Code
75063

Purpose of Disbursement

Contribution

011

Candidate Name

Ann, Van, Duyne, ,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary
 General
 Other (specify) ▼

State: TX

District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	2	3

FEC Identification Number

C00714865

Transaction ID : B-16307

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Hudson for Congress

Mailing Address PO Box 5053

City
Concord

State
NC

Zip Code
28027

Purpose of Disbursement

Contribution

011

Candidate Name

Hudson, Richard, L., , Jr.

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary
 General
 Other (specify) ▼

State: NC

District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	2	3

FEC Identification Number

C00504522

Transaction ID : B-16301

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Michael Burgess for Congress

Mailing Address PO Box 2334

City
Denton

State
TX

Zip Code
76202-2334

Purpose of Disbursement

Contribution

011

Candidate Name

Burgess, Michael, C., DR.,

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For: 2024

 Primary
 General
 Other (specify) ▼

State: TX

District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	2	3

FEC Identification Number

C00372532

Transaction ID : B-16305

Amount of Each Disbursement this Period

2500.00

Memo Item

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

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. People for Ben

Mailing Address PO Box 31129

City
Santa Fe

State
NM

Zip Code
87594

Purpose of Disbursement

Contribution

011

Candidate Name

Lujan, Ben, R, MR.,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify) ▼

State: NM District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 19 / 2023

FEC Identification Number

C C00443689

Transaction ID : B-16303

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Pocan for Congress

Mailing Address PO Box 327

City
Madison

State
WI

Zip Code
53701

Purpose of Disbursement

Contribution

011

Candidate Name

Pocan, Mark, , ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2024

Primary General
 Other (specify)

State: WI District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 20 / 2023

FEC Identification Number

C C00502179

Transaction ID : B-16311

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Moran for Kansas

Mailing Address PO Box 1151

City
Hays

State
KS

Zip Code
67601-1151

Purpose of Disbursement

Contribution

011

Candidate Name

Moran, Jerry, , ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2028

Primary General
 Other (specify) ▼

State: KS District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 20 / 2023

FEC Identification Number

C C00458315

Transaction ID : B-16309

Amount of Each Disbursement this Period

1000.00

Memo Item

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

5000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Dr Kim Schrier for Congress

Mailing Address PO Box 2728
Box 331

City Issaquah State WA Zip Code 98027

Purpose of Disbursement

Contribution

011
Category/ Type

Candidate Name

Schrier, Kim, , DR.,

Office Sought: House
 Senate
 President
State: WA District: 08

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2023

FEC Identification Number

C C00652628

Transaction ID : B-16313

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

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

1000.00

13500.00
